

UNIVERSITY OF HELSINKI

Culture Saves Lives

Colonization trauma and Indigenous
healing on the *East Side*

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Dedicated to the East Van community members that graciously shared their life experiences and histories with me so that I could produce this research thesis.

1 Introduction

This research thesis has as its objects of interest the meanings and experiences of health illness and healing in a particular urban Indigenous community located in Vancouver, Canada. The scope and perspective of this thesis consider the impacts that large-scale historical processes and events, such as colonization, the introduction of a settler society and its Indigenous policy have had on the health for members in this particular community. This thesis has taken as its starting point the contemporary health disparities that exist in many Indigenous communities of Canada. It attempts to understand health disparities through discovering meanings and experiences of health, illness and healing held by members of this particular community. Previous research has directed attention to the impacts that colonization and colonialism have had on Indigenous health and suggest that colonization is one central aspect that contributes to health disparities in Indigenous communities. Contemporary social scientific research in Indigenous health suggests the examination of the diversity in the health concepts within Indigenous communities may greatly improve understandings of the nature of Indigenous health challenges and experiences. It may also aid in addressing health challenges by integrating Indigenous perspectives of health into health care service designs. Making services culturally informed may improve suitability of services to Indigenous health care needs and the outcomes of health care services in addressing Indigenous health. The theoretical approach of this thesis proposes meanings and experiences of health, illness and healing are culturally shaped and blend elements of the physiological and phenomenological, and the historical, social and political spheres of the socio-cultural environment. This thesis locates six significant categories of meanings and experiences of health, illness and healing in community narratives: *Colonization and colonialisms with institutional experiences, traumas, structural violence, survivance and resilience, reconciliation and healing with culture*. This thesis establishes community members see colonization and colonial history as profoundly transformative for Indigenous communities in general. Colonization introduced negative socio-political and cultural forces and established a colonial power structure with intergenerationally negative impacts on pre-colonial Indigenous communities social structures, cultures, identities and health. Traumatic events brought on by colonization and colonialism continue to contribute to Indigenous health negatively and

is read in the disparities of health that Indigenous communities suffer from in contemporary Canadian society. For community members the contemporary Canadian society and political social order continue to place Indigenous people in a marginalized position. Experiences of structural violence in the form of structural racism in society in general, political neglect of Indigenous challenges and the continuing racism experienced in society's institutions and services hinder efforts of healing in Indigenous communities. Despite the onslaught of negative forces introduced by the Euro-Canadian socio-political forces on Indigenous cultures and identities, Indigenous communities have been resilient and have resisted and maintained their cultural distinctiveness and presence in Canadian society. Indigenous communities have located and path of healing through activism and taking back rights to self-determination, reinvigorating culture and decolonizing minds from once stigmatized identities and by finding new ways to re-indigenize their social world and reclaim political presence as the First People in the land of Canada.

1.1 Colonial legacies

The Age of Discovery and colonization as an era in world history has generated an extensive amount of literature, both fiction and academic research, and continues to inspire people from diverse backgrounds. It also continues to inspire the descendants of those populations that colonization brought together in both peaceful and trying ways. This chapter represents the context of this thesis and has been largely affirmed by the community to which this research thesis pertains. Colonialism not only brought together people but also brought along their cultures, values, languages, religions, technologies, and perceptions into encounters that most surely were fraught with a sense of strangeness and confusion. Historians describe how, for explorers and colonists, 15th century Christian cosmology, and European histories and legends, cultures and values, and philosophies and technologies fused into expectations and colored their perception of what was to be found in the “New World” (Chaplin, 2001; Day, 2000; Lovejoy, 1936). At the same time, fragments of written history and *Indigenous*¹² oral histories tell stories of how the explorers and colonists were perceived by some Indigenous peoples as alien and threatening while others welcomed them as potential partners for trade (Day, 2000; Chaplin, 2001, p. 134; Kolodny, 2012; White, 2011).

¹ In this thesis, *Indigenous* refers mainly to the First Nations, Métis, and Inuit peoples of Canada and North America.

² See discussion on the politics of *Indigenous* and *Indigeneity* as self-identification in Guenther et al. (2006).

Explorers and colonists misconstrued the Indigenous people of the continent according to their expectations as *Indians*³, often portraying them as a potential source to harness, heathen, barbarous, and savage, as well as noble, pliable, and healthy for a new social order they envisioned, and this identity has, in altered forms, endured to this day (Adas, 2006, pp. 32–40; Carroll & Noble, 2001). While European technologies gave *settlers*⁴ some advantage, early colonists were often dependent on the good will, knowledge, and skills Indigenous people had in relation to their environment (Chaplin, 2001). As settler and Indigenous populations proceeded to compete for land, another “blessing” for settlers soon appeared in the form of virgin soil epidemics. For centuries, epidemics swept across the lands and trade routes at a great pace, and an estimated 50–90% of the Indigenous population of around 10–12 million inhabitants in the Americas met an early death after first contact (Carpenter, 2015, pp. 8–23). In attempts to justify their presence in the New World and their claim to its lands, colonists applied notions of European superiority in yet another twist by appropriating preracial categories, defining red Indigenous bodies as savage, heathen, foreign, physically weak, susceptible to illness, and unfit to work their own lands while European white bodies and culture were portrayed as adept and superior, entitled to take over and transform the *terra nullis* (Adas, 2006, p. 40; Chaplin, 2001). In the literature cited in this chapter, it is pointed out that the colonial empires and governments adopted the conviction and policies of Christianization and civilization of Indigenous peoples in the New World settler colonies of North America very early on. Colonial and postcolonial policies directed at Indigenous people in North America have rested on perceptions of heathenness, savagery, indolence, exploitability, and unconsolidated difference and have persistently aimed to transform Indigenous people through policies of assimilation or annihilation. Day (2000) has examined how early French colonial policy in the 17th century called for developing New France with the help of systematic Christianization and civilization of Indigenous populations, and introduced policies of assimilation through “miscegenation” to strengthen the French colony and form one *race* while British colonial policy in the 18th century rendered the Indigenous population a problematic internal population, “the Indian Problem,” after it became politically and economically useless. The British called for a renewal of assimilation policy and in this policy of the

³ Here and later in this thesis, *Indian* refers to the term used to designate First Nations peoples in legal discourses, as well as to a false and stigmatized social identity introduced by colonization.

⁴ *Settler* here and later in this thesis refers to European populations that migrated to North America during the era of colonization.

early 1820s to 1830s, the now Protestant Christian clergy was invited to administer the task of conversion, civilization, and assimilation of the remaining Indigenous populations by establishing missionaries and schools (Day, 2000, pp. 111–112). The Royal Proclamation of 1763 had placed *Indians* in the British colonies under the protection of the British Crown and in 1850, two new laws placed bands, tribes, and nations in a yet more subservient position, resulting in their containment into reservations under the control of colonial administrative bodies (Johnston, 1986). *The Act for the Better Protection of the Lands and Property of Indians in Lower Canada* placed Indigenous lands in a protective trusteeship and therefore shifted the control of Indigenous lands firmly to the British Crown. Legislation proceeded from land issues to social issues (Johnston, 1986). The 1857 *Act to Encourage the Gradual Civilization of the Indian Tribes in this Province, and to Amend the Laws respecting Indians* was designed to “ameliorate the poor social condition, equipping native people to protect their own interests” by bringing Indigenous people into *enfranchisement*, a legal program of economic and cultural assimilation (Neeganagwedgin, 2019). *The Indian Act of 1867*, one of the most significant pieces of legislature that persists to this day, passed by now the Canadian Confederacy, placed Indigenous nations in effect under the tight control of governmental bureaucracy and stripped them of sovereignty over their own affairs (Neeganagwedgin, 2019). The assimilationist undertone of the Indian Act sought to put Indigenous populations onto a path that would eventually assimilate them and attempt to rid them of their treaty rights, and placed Indigenous populations into several categories or “statuses” according to conceived degrees of assimilation to the settler society in order to determine polity rights and responsibilities of the federal government (Day, 2000). Those deemed as having treaty rights were segregated and placed outside the settler society physically, socially, economically, and politically by setting up the reservation system entailing restricted outside travel, while removing civil rights to entrepreneurship, legal representation, and federal political representation (Kelly, 2011, p. 2; Neeganagwedgin, 2019). The Indian Act and its amendments of the late 19th and early 20th century exhibited the perceptions the settler society had of Indigenous peoples and cultures and its assimilationist agenda, but also revealed how the settlers saw themselves. Many Indigenous forms of social practice, ritual, spirituality, and healing such as wearing regalia, dancing, powwows, potlatches, and the sundance were deemed as unchristian, reckless, and wasteful and made illegal, resulting in disconnections from and loss of precious cultural resources and artifacts (Collinson et

al., 2019; Leslie et al., 1983; Monet & Skanu'u, 1992). As Canada was formed in 1867, previously passed legislation, jurisdiction, and bureaucracies over Indigenous matters were transferred to the newly formed state, and between 1871 and 1930, the Canadian government secured title to Indigenous lands and resources through a string of often prewritten and preordained treaties (Herring et al., 2006, pp. 12–14). With encroachments of settlement, Indigenous nations were often cornered into signing treaties mostly on the government's terms while some administrations such as that of British Columbia never saw it necessary to engage in treaty processes in their land acquisitions (Roth, 2002; Herring et al., 2006, pp. 12–14). *First Nations*⁵ people have always attempted to resist and negotiate various forms of settler aggressions and have later argued that treaties were often administered deceitfully and failed to grasp Indigenous perceptions of what was agreed upon (Roth, 2002). Some treaties made with Indigenous nations included provisions for health care and education, and the newly formed state adopted a policy of education that, while having humanitarian motivations, also involved concealed efforts to tackle Indigenous resistance with renewed policies of assimilation (Day 2000, pp. 113–114; Herring et al., 2006, p. 15). In this renewed policy of assimilation, several denominations of churches were given the task of establishing the Indian Residential School (IRS) system, and in the 1880s, a network of boarding schools was initiated in the country, targeting children at an early age and entailing the removal of children from families and communities (Kelm, 1998, pp. 57–79). Continuing for over a century, it is one of the darkest eras of Canada's history, where children as targets of assimilation became one of several generations experiencing abuse; loss of emotional parental and family bonds, culture, and language; traditional values; and a reduction of life and parenting skills (Elias et al., 2012). It is only in the 21st century that the extent of the abuses and horrors suffered in residential schools has become public knowledge through the establishment of a truth and reconciliation commission, survivor testimonies, and the creation of a historical record (White & Peters, 2009). British Columbia has been the site of colonial prospecting since the late 18th century as in 1778, Captain Cook landed on its shores and claimed the land for the British Crown (Barman, 2007). The first British colony was established in 1849 on Vancouver Island, granting control of the lands to the Hudson Bay

⁵ *First Nations* refers to Indigenous People of Canada who are not Métis or Inuit. See First Nations Studies Program (2009).

Company, and a decade later, a colony was established on the mainland (Barman, 2007). The initially cordial trade relations between settlers and Indigenous nations changed with the 1858 gold rush, and the flow of settlers saw disputes between previously good settler-Indigenous relations while at the same time smallpox epidemics ravaged the area, killing 30–80% of Indigenous populations (Barman, 2007; Boyd, 1996). The establishment of the British colonies brought a colonial administrative body, which was responsible for establishing a limited number of treaties in what was now British Columbia – the process was halted by a change of administration and hardening attitudes towards the Indigenous population, leading to subsequent substantial inequalities and delimiting of Indigenous land rights (Muckle, 2007). Most First Nations ended up never signing treaties, and the provincial government has since engaged in over a century of denying First Nations rights and land claims (Usher et al., 1992). It was not until 1951 that amendments to the Indian Act restored federal Indigenous religious rights, and it was only as late as 1960 that Indigenous People in Canada with *status*⁶ were able to gain federal voting rights to participate in the Canadian polity (Law Commission of Canada, 2004; Loo, 1992). Until 1969, assimilation continued to be the ethos guiding federal policy with the issuance of the White Paper, which sought to terminate the special relationship between Indigenous treaty nations and the federal government by eliminating the protection of reserve lands, terminating any legal obligation under *Indian status*, and assigning services to provincial governments (Armitage, 1995, pp. 79–80; Canada. Royal Commission of Aboriginal Peoples, 1996, p. 187). This final political effort of assimilation clashed with the globally emerging Indigenous rights movement and Canada's Indigenous People's vigorous desire for self-determination (Canada. Royal Commission of Aboriginal Peoples, 1996, p. 187). Although suffering great losses through colonial and federal policies and practices, disconnections from land, forced relocations, and centuries of assimilation policies designed to erase their very culturally distinctive existence, Indigenous People of Canada have assembled to resiliently defend their rights and have resisted and challenged settler administrative and legal bodies often through protest and litigation (Muckle, 2007). Reclaiming rights and the revitalization of Indigenous culture, languages, and identities have taken place with increased success and vigor since the 1960s and continues in the processes of reconciliation and reparations and in

⁶ *Status* refers to the legal relationship established between the British Crown and later Canada, and unassimilated Indigenous people and nations initially based on established treaties.

resumed processes of treaty making (Muckle, 2007). Reclaiming rights to self-government, and title to traditional lands and resources have also included taking back control of and creating suitable community services that are historically and culturally appropriate (Muckle, 2007; British Columbia Treaty Commission, 2020).

During the history of the confederacy, and in comparison with settler populations, Indigenous populations have persistently suffered from poorer health. The virgin soil epidemics that were followed by persistent waves of infectious diseases such as influenza, scarlet fever, and tuberculosis on reservations, and residential schools were often met with neglectful and inadequate responses by the federal government (Herring et al., 2006, p. 65–72; Kelm, 1998). Although health outcomes have improved, Indigenous people continue to experience health inequalities in present-day Canada (Herring et al., 2006, 76). Statistical facts speak for the matter. In 2017, the projected life expectancy for Aboriginal⁷ men/women varied from 74/80 (Métis) to 64/73 years (Inuit), which was significantly lower than the 79/83 life expectancy years of non-Aboriginal men and women (Statistics Canada, 2017). Infectious disease epidemics such as polio and tuberculosis among Indigenous communities persisted to the latter part of the 20th century (Herring et al., 2006, pp. 86–87) while Indigenous populations are overrepresented in new infections (National Collaborating Center for Aboriginal Health, 2013). Poor infrastructure, housing, water supply, and sanitation have been longstanding issues contributing to poor health in communities (Basdeo & Bharadwaj, 2013). Of non-communicable diseases, diabetes with its repercussions has emerged as a significant health concern, and in the area of mental health, a considerable amount of attention has been paid to the impacts of colonization and assimilation policies creating cultural erosion, loss of self-esteem, and socio-economical marginalization (National Collaborating Center for Aboriginal Health 2013). The average suicide rate among First Nations populations is approximately double the national average, and the Inuit suicide rate is tenfold, which is among the highest in the world (Chachamovich et al., 2015; Herring et al., 2006; National Collaborating Center for Aboriginal Health, 2013, p. 19). Substance abuse of alcohol, drugs, solvents, and tobacco is a well-documented health challenge in Indigenous communities (National Collaborating Center for Aboriginal Health, 2013, p. 19; Herring et al. 2006). In literature across disciplines, the

⁷ *Aboriginal* refers to another frequent term for Canada's First Nations, Métis, and Inuit people especially in Canadian administrative uses.

“determinants of health” model points to *proximal* factors such as economic conditions, social environments, and education in understanding the present conditions that impact Indigenous health (Herring et al., 2006). As for more *distal* determinants of health, it has been widely suggested that the health challenges of Indigenous populations in North America are a result of the impact of colonization, traumatizing epidemics, and centuries of predatory, coercive, and exploitative policies that, as a series of traumatic experiences, contribute intergenerationally to poor health (Adelson, 2005; Brave Heart, 1999; Brave Heart et al., 2011; Charbonneau-Dahlen et al., 2016; Estrada, 2009; Weaver, 2015; Wiechelt, 2012; Wiedman, 2012; Szlemko et al., 2006). Government objectives, policy implementations, and institutional practices such as residential schools, child apprehensions, and forced evacuations have reflected and impressed a hegemony of ideals of the Euro-Canadian settler society while pathologizing Indigenous peoples with negative impacts on health (Elias et al., 2012; Stettner, 2014). Three problems plaguing the health care services used by Indigenous People of Canada today have been outlined: 1) the lack of culturally sensitive care; 2) the health care system’s poor accessibility due to a confusing patchwork of providers, services, and programs; and 3) attitudes in the health care system perceived as biased and racist, reflecting how negative stereotypes of Indigenous people are deeply rooted in Canadian society (Health Council Canada, 2012; Lavoie et al., 2011; Goodman et al., 2017). Reading (2009) suggests health issues prevalent among Indigenous communities must be considered in the context of complex social, political, and historical factors that have through decades and centuries shaped Indigenous people’s lives. Adelson (2005) notes that economic and political disadvantage and marginalization are part of the parcel of the impacts of colonialism and internalized colonialism, which continue to impact Indigenous families and communities. Patterns of health challenges for the Indigenous People of Canada are not distributed evenly, and as Richmond, Ross, and Bernier (2007) suggest, they originate from a pool of highly diverse elements ranging from intergenerational experiences of colonial oppression and systemic racism to the contemporary conditions and the lack of human, social, and environmental resources. They suggest one aspect and area of research that has been neglected in the past, is the diversity of health concepts within the Indigenous population and the need to explore health concepts from within particular Indigenous cultures. The benefits of such research would include cross-cultural comparisons of health concepts, which would aid in improving health care by drawing up frameworks that integrate Indigenous

perspectives of health.

This cited literature suggests that colonial history and the tenor of government policies have been transformative for Canada's Indigenous populations and their social structures, cultures, identities, and health. I now proceed from this contextual landscape to outline the research questions and the focus of this research thesis.

1.2 Research questions and literature review

Having a background as a professional nurse with over 20 years of experience and intimate knowledge of working in the private realm of illness and health has been a motivation for me to seek knowledge and competence to understand the cultural aspects of health, illness, and healing. My particular interests include how historical events, sociopolitical processes, and sociocultural environments impact the meanings, practices, and experiences of health to the very cellular level of our bodies.

Encountering literature about the impacts of colonialism upon Indigenous health in Canada has led me to take an interest in this area of research and proceed in this realm for my master's research thesis. This includes issues pertaining to colonialism's impacts on the meanings and experiences of health, illness, and healing, and to whether the colonial past is perceived to have an impact on health in this particular community.

Research questions

My initial research questions generated from this train of thought, literature, and the contexts outlined above were:

1. How do individuals in this urban Indigenous community experience and assign meaning to health and illness?
2. What different strategies of healing and health care systems are created, exist, and are made use of by individuals in this urban Indigenous community?

The research questions and concepts introduced have been broad in their scope in order to refrain from imposing a strict, preordained framework. As the fieldwork phase began, the research questions evolved, gained clarity, and were simplified to answer three questions involving cultural meanings for this community: (1) what is health; (2) what is illness; and (3) what is healing? These questions were on my mind in the field and later in the data analysis, which aimed at perspectives that highlight both the

personal intimate and shared categories of meanings and experiences of health, illness, and healing in the community. From the outset of conducting the interviews, from the very first phrase uttered by the very first interviewee, it became obvious that colonialism and what can be understood as its refractory conditions in the postcolonial contemporary Canadian society are central to the Indigenous experiences and meanings of health, illness, and healing in this community. Therefore, an additional question was added to the interviews, participant observation, as well as the analysis of the data generated:

4. How do colonialization, colonial policies, and institutional practices in the past and the present impact health experiences and meanings from both a constructionist-interpretative and a bio-cultural perspective?

The interviews with participants, including ten individual interviews and one group interview, were conducted as semi-structured interviews. Nine questions were at the disposal of the interviewer with the main purpose of generating an illness narrative or storied account of past and present meanings and experiences of health, illness, and healing. In most interviews, the first four questions were sufficient to generate a flow of narrative of illness experiences and meanings, which also already touched on the subthemes of colonization and institutional experiences.

Previous research on health, illness, and healing meanings and experiences

A significant amount of research has been conducted on Indigenous health in the public health sector with relevant disciplinary methods and findings (Kinchin et al., 2017; Owais et al., 2020; Shah et al., 2011). A prominent amount of literature also exists in the field of psychology and psychiatry, in which Indigenous scholars have made significant theoretical contributions for example by the introduction of the historical trauma model (Brave Heart, 1999; Brave Heart, 2003; Brave Heart et al., 2012; Elias et al., 2012; Gone, 2013). Medical anthropology, a subdiscipline of anthropology, which examines the relationships between health, illness, disease, healing, culture, and social relationships, is a growing area of research with diverse research interests. In terms of anthropological research pertaining to health, illness, and healing meanings, and the impacts of sociopolitical systems on health, I present four research articles that are similar to my research interests in their outlook. In her research article “Health beliefs

and the politics of Cree well-being,” Naomi Adelson (1998) has found that for the Whapmagoostui Cree of Northern Quebec, ideals of health are found within the narratives of past hunting livelihoods, integrating diverse symbols of Cree subsistence and social practices. She illustrates how narratives of health are synonymous with Cree social and political wellbeing and how “[f]or the Cree, health is not simply physical wellbeing, but one form of articulating Cree national identity in response to a continued challenge to that identity and is thus located within a text of historical accountings, land, and the production and interpretation of traditional activities.” She concludes that “concepts of health are powerful statements of cultural ideals interpreted within and shaped by circumstance and history.” Waldram (1993) has studied the role of Aboriginal spirituality and symbolic healing in Canadian prisons. He uses Dow’s (1986) universal model of symbolic healing to examine how professional Aboriginal elders function as healers among culturally diverse Indigenous prisoner clients by introducing common denominators of First Nations Indigenous spirituality, and symbols and methods of healing such as one-on-one discussions, sweat lodges, pipe ceremonies, and sacred circles to help cope with incarceration, introduce spirituality, and bring about symbolic healing. Dennis Wiedman (2012) has examined how historical events and political actions taken by the United States government along with the effects of industrialization on changing lifestyles and nutrition have had embodied concrete statistical effects upon Native American bodies. Confinement to reservations, restrictions placed upon the traditional mobile lifestyles, dependency on ration foods provided by the US government through bidding systems, and reservation epidemics have had concrete effects on health and have produced susceptibilities to particular illnesses of psychological and somatic nature. Hunter, Logan, Goulet, and Barton (2006) used ethnographic methods to explore how urban-based First Nations people use traditional healing to address health issues. The purpose of the study was to explain how healing traditions are used among the increasingly urbanizing and intertribal First Nations populations, how they address health issues, and what kinds of links exist between the holisms of First Nations healing traditions and nursing practices. They found that in First Nations perceptions, mainstream health care often placed greater prominence on physical health, which was not deemed as important by the community members of their study. Their findings included outlining healing practices in the community, ranging from drumming circles, sweat lodges, talking circles, and

smudging, as well as the role of culture and cultural models of health in fostering self-determination, empowerment, and healing.

The broad scope of the research questions of this thesis, as well as its theoretical approach might indicate a very diverse body of data and a difficulty of demarcating a comprehensible body of research results. However, guided by the data, a total of six significant interrelated metathemes were identified from the data through thematic analysis. In the following chapter, I outline issues pertaining to the research site, ethics, methods, and data collection.

1.3 Ethical research

On how anthropology constitutes its objects

When considering taking up my master's thesis research on this subject I anticipated that conducting research would involve ethical considerations as one prominent issue. As in other sciences, ethical considerations continue to be imperative in ethnographic research because it easily imposes unequal power relations and an intrusion into delicate relationships with disruptive potential. More importantly, anthropology and its predecessor ethnology and the "New World" have had a special formative relationship that continues to have ethical implications for anthropology among Indigenous communities in general. It is both a methodological and ethical question to consider that anthropologists have been described as an almost parasitic discipline in the footsteps of Boas studying Indigenous people in America, which has in more zealous forms lasted well into the better half of the 20th century (Starn, 2011, p. 180). In its production of knowledge, Western social science, while claiming as its objects multitudes of human behavior and phenomena, often ignores its rootedness in Western scientific perceptions and the fact that it carries powerful institutional authority with an air of certainty, neutrality, and objectivity (Preissle, 2008, p. 276; Williams, 2000, p. 3, 29). What is regarded as objective science and scientists has often been contrasted with the superstition or biased mundane beliefs of those that are studied that are often perceived as the primitive or as the laypeople of society (Nader, 1996). Yet science and social science may be assessed as the social constructions and practices of a particular social class, society, or civilization; as representations of ideological myths and contemporary values, with epistemological and ontological grounds (Williams, 2000). Science and

social science may be viewed as practices and projects with historical antecedents and ethical implications; and often, with moral baggage left behind for us as contemporary students of culture (Williams, 2000). Historians and philosophers of Western science show that science too is historically contingent and has reflected in different times and places its contemporary cosmologies, cultures, and wider social value systems with close ties to the social, political, and economic projects of its specific era (Ede & Cormack, 2007; Eriksen & Nielsen, 2013, p. 8; Morvillo, 2010; Williams, 2000). Hannaford (1996) has shown how the modern social scientific concepts of *ethnos*, race, and culture, foundational for anthropology, emerged in Europe as a result of centuries of eclectic religious, philosophical, and anthropological thought. Whiteley locates the philosophical origins of ethnographic inquiry in the Columbian and colonial encounters of the New World, where ethnography became the description of the colonized, politically and culturally embedded and enabled by the European colonial presence (as cited in Biolsi, 2004, p. 437). Early Euro-American ethnologists such as Lewis Henry Morgan initially placed Native American cultures on a technological scale of development from savagery to civilization (Biolsi, 2004, p. 445; Eriksen & Nielsen, 2013, p. 24; Hannaford, 1996, p. 278). At the same time, scientific representations of the colonial “Other” in North America were readily transferred to other spheres and practices of society such as religion, law, economics, politics, and the very perception of the constitution of the body politics (Biolsi 2004, pp. 343–344; Day 2000, pp. 107–120; Sussman, 2014). Simultaneously with the assimilationist political agendas, early 20th century ethnologists engaged in salvage anthropology, collecting artifacts and attempting to record unadulterated reconstructions of cultures that were vanishing before their eyes while excusing themselves from engaging with the obvious traumatic shocks of the Indigenous colonial experience (Biolsi, 2004, p. 446; Kew, 1993, p. 79; Arndt, 2014, p. 86; Starn, 2011, p. 182). Critical voices within the discipline have highlighted the problematics of ethnographic representation and practice, focusing on relationships of power and signification in the practice and “art of describing” and “speaking for” the ethnographic *Other*⁸ (Biolsi, 2004, p. 345; Ingold, 2014). This discourse, referred to as the crisis of representations in postcolonial critique, has highlighted the problematic history lying at the base of anthropology’s field of significance in its claims to universal legitimacy, persisting ethnocentric perceptions,

⁸ On the concept of the *Other* see Chawla (2017).

the discursive “regimes of knowledge,” and “composites of purified cultures,” which anthropologists weave to elicit “ethnographies,” as representations of the “peculiar” peoples they study while neglecting anthropology’s often asymmetrical stance (Abu-Lughod, 1991; Asad, 1979; Biolsi, 2004, p. 344; Clifford & Marcus, 1983; Csordas, 1999; Das, 1998; Eriksen & Nielsen, 2013, p. 169–187; Ingold, 2014; Savyasaachi, 1998; Starn, 2011; Trouillot, 2003; Wolff, 2004, p. 51). Davies (2008) notes that countering criticism has been usually done by writing out reflexive notes often bracketed out and placed in the foreword, introduction, or ethics section of scientific work while the specific meaningful relationship of knowledge production remains obscure. She suggests that a more penetrating reflexivity would transcend particular contexts to consider social research as a social process and project in a multilevel “radical constitutive reflexivity” that observes and unmask the researcher-self’s subjectivity unraveling and transforming while constituting and representing knowledge within a broader sociohistorical context.

Ingold (2014) laments that ethnography has been trivialized to a fieldwork method for gathering and generating data, with the stereotypical ethnographer having his back turned to his informants before they know it. Ingold proposes an adoption of a renewed stance of participant observation, where focus shifts from rigid methodologies to one of immersive living and learning, an attentive and reflective education of oneself and movement beyond particularistic ethnography to fruitful philosophical reflection (pp. 386–391). Criticism continues to be voiced among those who continue to carry the weight and legacy of colonial perspectives. Indigenous critic Vine Deloria Jr (1969) has described anthropology as a powerful parasitic discipline of the historical “American Indian,” where self-interested White anthropologists continue to reappear intruding on reservations to collect data from their “objects.” Medicine and Jacobs (2001) describe *Indians* as a persisting target population for anthropologists “coming like death and taxes to our land,” and the role of anthropologists as significant image makers for Native American communities while being claimed the property of anthropological expertise (Medicine & Jacobs, 2001, pp. 289–293). They note that for American Indians, the word “anthropologist” is often considered generic with “White man,” the boogey man of childhood and unpredicted decision maker of adulthood (p. 291). “Scientific colonialism” (Stocking, 1994) has meant a peculiar and persisting scientific interest in First Nations and Native American Peoples, involving experiences of

unethical and unconsented research often in cooperation with governmental bodies (Truth and Reconciliation Commission of Canada, 2015a, pp. 227–283; Hodge, 2012; Pacheco, 2013). These experiences of abuse coupled with experiences of mistreatment and discrimination, colonial trauma, and dispossessions of land and culture have led to a general mistrust towards government bodies and scientific institutions (Hodge, 2012; Kelley et al., 2013; Kew, 1993, p. 82; Pacheco, 2013, p. 2153). The emergence of Indigenous activism similar to other civil rights movements has also provoked an ongoing reflection on and intensifying criticism of the politics of ethnographic research with its missteps and silences while focusing attention to issues of ownership, self-determination, and self-representation (Arndt, 2014, pp. 83–84; Kew, 1993, p. 85; Medicine & Jacobs, 2001, pp. 290–293). Indigenous critique continues to center on colonial legacies of poorly and unethically conducted research designs and practice that disregard ethical priorities, intellectual property, and the political implications of research (Assembly of First Nations Environmental Stewardship Unit, 2009).

Indigenous scholars are entering the academic field of anthropology in larger numbers and challenging old perceptual relationships and knowledges produced by White scholars studying *natives*. As they are asking troubling questions pertaining to ethical research (Starn, 2011, p. 185) and relationships of power, they are also challenging the very underlying conceptions, veracity, and purpose of ethnography and anthropology as a discipline (Kew, 1993, pp. 83–84; Kovach, 2009, p. 21). On the heels of Spivak's concept of epistemic violence (Spivak, 1988, pp. 280–295; Kovach, 2009, p. 22), Indigenous Canadian scholars are pointing out the exclusive and exclusionary basis of paradigmatic Western thought that continues to persist in institutions, theories, methods, and representations of academic qualitative science (Kovach, 2009, pp. 20–21; Mihesuah & Devon, 2004). As Indigenous communities continue to be examined by non-Indigenous researchers who pursue Western research in Western terms, Kovach stresses that knowledge is neither acultural or apolitical, and any methodology that produces knowledge has its particular underlying political, ontological, and epistemological premises. She voices Indigenous scholars' call for indigenizing research, the need for Indigenous people to tell their own stories, and allowing for methodologies in academia that may flow from tribal epistemologies (Kovach, 2009, p. 26). A decolonization of knowledge production and academic practices begins by acknowledging the weight of historical colonialism on science and the persisting reproduction of colonial relationships in academia (Mihesuah & Devon, 2004, pp. 1–

15). With these origins upon which the discipline of anthropology rests, one may ask with good cause what are those “cultures” and representations that anthropology continues to produce, and where does their legitimacy lie? What is the value of anthropology, and what are the justifications for ethnographic intrusion into people’s lives? Does their legitimacy continue to rest with the objective scientific knower, or can the voices of those studied be rightfully heard and emerge in their own right? Ethics is not restricted to fieldwork but includes all stages of research from the formulation of research questions to the production of a final report (Ryen, 2011). Colonial legacies pervade Indigenous research in anthropology both as academic representations and as a scientific practice from assessments done in study halls to the very encounters on the field. In the ethical methodology of this thesis, I have attempted to address these problematic issues of anthropology’s baggage in ethnographic research in a reflexive manner by assessing anthropology as a Western social science and practice with myself as one of its participants.

Ethical research, ethical methodology

As ethical challenges require reflection at every stage of a research project (Ryen, 2011), dilemmas from everyday decisions and actions in the field to formulations at the desk can carry imperceptible ethical weight that may become realized only after our fieldwork encounters and the publication of our research. Anthropology courses on ethics offer troubling examples of things gone wrong in the field, and the history of anthropology itself offers a critical window into how societal values unwittingly affect perception, exposing ethical dilemmas in the portrayals of those we study. Much of the research on Indigenous People in Canada has been conducted by non-Indigenous researchers, which has not always benefitted the communities or have at worst produced an authoritative misrepresentation resulting in dismay and deep mistrust (Canadian Institutes of Health Research et al., 2014, p. 109). It has become obvious that White exploitation and the assumptive academic privilege of snooping around for personal gain from the days of Boasian anthropology (Starn, 2011, pp. 181–184) have not been forgotten. To improve ethical adequacy, the disciplinary communities of human sciences and anthropology have produced ethical codes or guidelines to aid in ethical scientific practice. A Code of Ethics published by the American Anthropological Association has been one prominent example of the anthropology community’s efforts

to foster and provide tools and guidelines for an ethical research framework. At the time of preparation for my fieldwork, the Canadian Anthropological Society did not have its own code of ethics but rather rested on reliance on training, institutional ethical guidelines, and an interdisciplinary Tri-Council Policy Statement of ethical conduct (Canadian Institutes of Health Research et al., 2014). It states that research involving Indigenous Peoples of Canada requires additional ethical considerations. Conducting ethical research in an Indigenous community calls for the researcher to be sensitive and informed of the rules and customs of the community and the intellectual property of traditional knowledge while also considering the diverse interests within the community and respecting individual rights. As a researcher, one must consider the ethics of how and what kinds of knowledge and practices may be observed and publicly disclosed, as well as adopt a collaborative method in the interpretation of information and the kind of knowledge that can be disseminated. It involves being sensitive to issues of social justice and values of research outcomes and effects on the community.

The preparations for entering the fieldwork phase involved acquiring an ethical clearance statement from the University of Helsinki Ethical Review Board in the Humanities and Social and Behavioural Sciences, which is a standard when conducting studies with human participants. The Ethical Review Board abides by the guidelines of the Finnish Advisory Board on Research Integrity (National Advisory Board on Research Ethics, 2009). Its three ethical principles include (1) respecting the autonomy of research subjects; (2) avoiding harm; and (3) the privacy and protection of research data. Respecting the autonomy of research subjects includes voluntary participation based on written or oral informed consent and sufficient information of the study. The avoidance of harm principle includes treating subjects with respect, reporting findings in a respectful ethical way in research publications, and considering that research questions may cause mental strain and negative feelings, research fatigue, and mental harm when having to recall traumatic memories. Avoiding harm also entails anticipating and preventing social and financial harm by abstaining from social and financial exploitation, and protecting the confidentiality of research data as well as privacy in end publications.

Ethics in the field, ethical presentation

A request for an ethical review of the initial research plan “Health, Illness, and Body – The Social Within the Intimate” was submitted on July 4, 2016. Initially, the research was to be conducted on a Native American reservation community in the continental United States, and the ethical review was conducted with this research plan outlined in the application. With this in mind, special attention was paid to community-level considerations of consent, privacy, and information dissemination, and acquiring consent from the community’s elders and tribal council. In late 2016, the location of research was moved to Vancouver, Canada, and the context shifted to a Canadian urban environment. Despite this geographical change, it can be noted that the Indigenous communities in the United States and Canada share many common elements in their colonial histories, experiences of government policies, and continuing health disparities. A literature review pointed to the significance of colonial history in generating a common Indigenous experience and shared challenges. A thorough historical and disciplinary literature review was conducted in the Canadian context, and the research plan was revised accordingly while no alterations were made to the ethical principles of the research design. For the urban field context, a blog page was created with an introduction of the researcher, which offered one possibility for community members to send anonymous feedback. When approaching various entities such as associations, clinics, community centers, tribal administrators, and individuals for research participation, a link to the blog page and a description of the research project was provided to the approached parties. The main entry point into the community, an Aboriginal community center from which interviewees were recruited, was approached, and the executive director’s approval was obtained to put up a recruitment poster on the center’s bulletin board. While further contact was not successfully established with the center’s administration or elders, an employee advised that it was possible to participate in the center’s culture nights that were open to the general public. The culture nights were a site of participant observation and engaging with familiar community members and interviewees. As I initially faced difficulties in finding research participants, I decided to attach a small incentive for participation in the interviews, which was viable in terms of the budget. This decision was considered and consulted with literature, and it was established that it would not be unethical to do so. Despite extensive efforts, I was not able to locate a space to conduct the interviews in complete privacy, and

therefor the interviews were conducted in public places of the interviewees' choosing – often in cafes with the expenses covered for the participants. One research participant was helped with their everyday activities as a form of “giving back.” Public transportation fees to and from the meeting points were paid for the participants. Relationships with community members were established under the values of trust, responsibility, and accountability, and in the manner of friendships. Oral and written consent was obtained from the interviewees, with one copy and contact information remaining with the participant. The consent form followed the ethical guidelines and was approved by the Helsinki University's Ethical Review Board. The participants were also orally advised that they could withdraw themselves and their data from the research project at any time, and provided with advice on how they could send anonymous feedback. In the field, I was presented and challenged with the burdens of anthropology's reputation as a discipline producing dubious academic representations as well as suspicion towards researchers in general. The fieldwork presented a continuous challenge and process of becoming aware of and assessing what is ethical and what is not and reflecting on ethical conduct at every point of the way. Community members often cited how researchers come into the community, establish relationships, and are never to be seen after they leave while their own efforts and input go uncompensated and unaccounted for. Another acute ethical question that arose in the field was how to respond to situations where community members speak of traumatic events that may result in retraumatization and a severe health threat. As all interviewees presented this kind of content in their narratives, I contemplated whether it was ethical to proceed with the interviews at all. I proceeded with the interviews while advising the participants to contact me, the researcher, a friend, or a health care provider if their health deteriorated. All participants were contacted at least once after the interview to check on their wellbeing. One important part of ethical conduct is to disperse research findings on time. Unfortunately, many challenges have stood in the way of this demand. Nonetheless, I have remained resolute in writing a thesis that reflects and represents truthfully and ethically what I have learned despite the troubling delays. Ethical considerations of privacy and confidentiality have been applied in the final presentation of the research, i.e. the thesis, by protecting the anonymity of the research participants by using pseudonyms.

1.4 Research site, methods and data

The research was conducted in the city of Vancouver in the spring of 2017 just as Canada was preparing to celebrate its 150 years of independence. In its population census of 2016, Statistics Canada (2017) reports that the city is home to 631,486 people while the Greater Vancouver area holds a population of nearly 2.5 million. It is a multiethnic city that in addition to Indigenous⁹ and White Euro-Canadian settler populations has sizeable recent European, West Asian, East Asian, and South Asian immigrant populations. The city itself is home to 13,905 people of Canadian Indigenous descent while the Greater Vancouver area has an Indigenous population of 61,455, the third highest in the country. Of the Greater Vancouver Indigenous population, roughly 60% are First Nations, 39% Métis, and less than 1% Inuit.

Canada's Indigenous People can also be understood as falling into two broad categories that determine their relationships with the federal government in terms of legal rights: those that are registered under the legal term *Indian* and have *status* and are thus entitled to special privileges, and those that are *non-status* (Muckle, 2007). According to Statistics Canada (2017), in British Columbia (B.C.) in 2016, Indigenous People represented 5.9% or 270,585 people of the entire population of 4.6 million. Of them, 63.8% were First Nations, 33% Métis, and 0.6% Inuit. With respect to the overall population of 35 million in Canada, Indigenous People account for 4.9% of the population. B.C. is home to 17.7% of the entire Indigenous population. Approximately 23% of B.C.'s Indigenous population live in Vancouver. The Indigenous population is a growing young population, which has increased by 1% per decade for the past 30 years. In only 10 years, the Indigenous population has almost doubled, which is four times the growth rate of the rest of the population and due to natural growth as well as increased identification as Indigenous. The percentage of the Indigenous population in cities has also increased by nearly 60% in the past decade.

Muckle (2007) notes that 81%, i.e. an overwhelming majority, of First Nations live off-reserve in urban areas. Vancouver East Side, where this study was primarily conducted, was home to 5,880 people identifying as Indigenous, 4,360 as First Nations, 1,355 as Métis, and 40 as Inuit (Statistics Canada, 2017). There are 634 First Nations communities in Canada, speaking more than 61 languages, of which British Columbia

⁹ *Indigenous* has been substituted in this section for the term *Aboriginal* present in Statistics Canada data.

has 203 First Nations communities and 34 surviving languages with seven distinct language groups: Algonquian, Athabaskan-Eyak-Tlingit (or Na-Dené), Ktunaxa, Salishan, Tsimshianic, Wakashan, and Xaad Kil/Xaaydaa Kil (Dunlop et al., 2018). Altogether eleven Indigenous Nations are located in the Greater Vancouver area (Metro Vancouver, 2020). The Indigenous urban population in Vancouver consists of communities that have had their territories in the vicinity of the city, and of people with diverse tribal backgrounds who have migrated from other parts of B.C. as well as other parts of the country. The focal point of this study was an Aboriginal community center situated on the East Side of Vancouver, which is also home to a large urban Indigenous community. The community center is both a social space for the community as well as a service center that aims to provide holistic and cultural services for Aboriginal community members of all backgrounds and ages. The center offers programs and services related to health and social issues, human rights, culture, education, and recreation and operates as a site and safe space for various community activities and gatherings. While I occasionally conducted interviews and attended events in other areas of the city, the community center remained the central meeting point and locus of fieldwork as it was an important place for all research participants.

Getting into the field, field methods, and data

The fieldwork was initiated on February 1, 2017. Prior to entering the field, no Indigenous communities or organizations were contacted. Entering the field involved initially getting to know the city and seeking out possible research sites, which took two weeks. On the third and fourth week of fieldwork, altogether seven organizations were contacted about participating in the research. This was done by emailing the local community center, three First Nations tribal administrators in the area, and three Indigenous health organizations, along with inquiring phone calls. Indigenous communities share the core values of reciprocity, i.e. an obligation to give something back, and establishing relationships that can benefit both the Indigenous and research communities (Canadian Institutes of Health Research et al., 2014, p. 109). Keeping this in mind, opportunities for volunteering combined with research were also searched out. None of the organizations or tribal bodies responded to my inquiries. This posed a challenge for finding a fieldwork site within the city. My alternative method of searching for prospective research participants was twofold: finding a site where I could

ethically and consensually conduct participant observations, and finding people that would be willing to participate in an interview. The Tri-Council Ethics Policy in Canada also respects the autonomy of individuals to decide whether they wish to participate in research, and it should be noted that prospective participants do not necessarily acknowledge organizational communities as representing their interests. These considerations do not absolve the researcher from respect for community customs and practices, which in this case presented a continuous learning process for the researcher in the intertribal community. With its weekly activities and culture nights, the Aboriginal community center mentioned in the previous section, became the focus point of my participant observation and a hub for engagements in the community. I decided to produce a recruitment poster for finding research participants for thematic interviews to be posted on the center's bulletin board, which was approved by the center's executive director. This recruitment poster included a small gift card incentive to induce participation. Through this recruitment poster, three participants were recruited, and additional seven individual participants and access to conduct a group interview with another Aboriginal community center's family consultants were obtained through chain referral. Eight weeks of active fieldwork included individual and group interviews, participation in the weekly culture nights of the center and in other community events – including a powwow, an intercultural day held by a local college, a pole raising, and a small community fundraiser – and participation in research participants' everyday activities. I conducted ten individual interviews, each lasting from 1 to 3 hours in places chosen by the participants for easy access and comfort, and one group interview with five Aboriginal community center family consultants working in social and health family programs. Five public speeches given at the previously mentioned intercultural day were videotaped and transcribed. The research participants came from diverse backgrounds. The individual interviewees consisted of five women and five men of ages ranging from 30 to 70 years, with all but two coming from the province's First Nations communities, and these other two participants having Indigenous backgrounds in eastern and northern provinces. The group interviewees were all from British Columbia and First Nations communities, and the speakers at the intercultural event were also Indigenous British Columbians. The interviews were taped by using a smartphone recording application. Throughout the duration of fieldwork, a daily fieldwork diary was maintained. My observational methods included visiting Vancouver's Museum of Anthropology and making observations as I traveled daily

through the city by foot and public transportation; visited shops, cafes, and restaurants; and attended community events. These observations as well as my notes from participant observation, informal discussions, and encounters were included in my fieldwork diary. In public places, photographs and video recordings with a smartphone were taken to aid memory and support the fieldwork notes. Altogether, the fieldwork data consists of 166 pages of fieldwork notes, 23.4 hours of transcribed interviews totaling 893 pages of transcribed data, 300 minutes of video recordings, and approximately 1,000 smartphone photos.

Methods of analysis

Two interviews were transcribed by a professional transcribing company and the rest by the researcher. The transcribed data was coded in the fall of 2018 by using Bryman's (2001) four stages of qualitative analysis and a grounded open coding method as outlined in Auerbach and Silverstein (2013). A high level of coding passages of often 10–15 phrases was applied in order not to lose sight of meanings in a broader context because of the polysemy, complexity, contextuality, and storied nature of narratives, where meanings build upon what has been said earlier. This resulted in using longer passages in several categories of codes. An initial set of codes was developed by separately coding three different key interviews. These codes were then examined for similarities and similar codes were merged. This initial set of codes was then used as a baseline for the other six transcribed interviews and the remaining fieldwork data. New codes were generated when identified until a saturation point of codes was perceived. The codes were re-examined for contents and pooled together to develop metathemes, which have been aligned for reflection with additional in-depth historical contexts and analytical theoretical concepts supporting and similar to the introduced metathemes. In writing out the research findings, an explicit effort was made to highlight authentic participant experiences by including many passages from interviews and highlighting the illness experiences of individual interviewees. Six interconnected metathemes were identified in community experiences and meanings pertaining to health, illness, and healing: *Colonization and colonialisms with institutional experiences, traumas, structural violence, survivance and resilience, reconciliation, and healing with culture.*

2 Central concepts and theoretical approaches

In this thesis, I aim to interpret and understand the research materials through the three distinct but also interconnected concepts of health, illness, and healing. The overarching viewpoint of this research centers on health, illness, and healing as meaningfully emergent experiences, meanings, and realities in a distinct time and place. What are the metamorphic webs of significance that guide thought and experience in relation to what health, illness, and healing mean for a particular person and community? We acknowledge that culture in its axioms, stocks, and snippets of circulating meanings is what largely defines everything human beings see and do as members of a community, and even how they comprehend themselves. Human beings also necessarily have bodies upon which our experiences including health, illness, and healing are played. Therefore, the aim of this research has been to candidly discover embodied meanings and experiences of *health*, *illness*, and *healing* in this particular Indigenous community. These concepts are part of a broad net this thesis has aimed to cast as well as central concepts to the subdiscipline of medical anthropology, which this thesis aligns with. It is therefore necessary to define these concepts, as they are also a set of tools for what this research project has aimed to discover. But first, I start by defining “theoretical concept” itself. Theoretical concepts have been characterized as theories in themselves, representations that maintain a prototype or a universal generalization of a phenomenon. Concepts are in themselves propositional structures that hold certain qualities, constituents, conditions, and meanings (Margolis & Laurence, 2019). Whetten (1989) describes concepts as the “what” in the conceptual landscape of the topic at hand and one of the essential building blocks of theory. For social scientists, the main effort has been and is to carve out analytical domains, the “what”, from “raw” undifferentiated experiences and meanings to highlight and explain social phenomena such as magic, religion, illness, or disease, many times unidentified as such by those they are extracted from (Good et al., 2008; Rivers 1924). It has been suggested that every culture has a conception of illness, health, and healing, which makes them universal and central to human life and experience while varying in meaning across time and place. Concepts like illness, disease, sickness, health, and healing, which are so central to the subdiscipline of medical anthropology, have initially emerged from other areas of anthropological interest such as social relationships, religion, ritual, and witchcraft. While these concepts have not initially been in the focus of the mother

discipline, the proliferation of new areas of interest and subdisciplines have since brought them to the fore (Miller, 1994, pp. 7–8). I proceed to define the concepts of health, illness, and healing, as they are central to the research questions of this thesis and axiomatic to the theory and analysis that follows.

2.1 Health, illness, and healing

Illness, sickness, and disease

One way to define a concept is by comparison to other closely related concepts to help produce a more in-depth understanding of dimensions of meaning (Margolis & Laurence, 2019). Hofmann (2001, 2016) describes how the distinction between illness, disease, and sickness emerged in theoretical literature in the 1950s and 60s and became a staple in social sciences, pertaining to what Hofmann sees as pointing out different aspects of “*malady*” or *human ailment*. Definitions of *disease* have acquired meanings that often point to both natural and nominal phenomena, fitting certain criteria as observable, detectable, and treatable by professionals dedicated to healing. *Illness*, on the other hand, aims to evoke the subjective lived meaningful and experiential aspects of malady, and the bodily or mental awareness of unpleasantness or estrangement, with fears, anxieties, and suffering as its central phenomena (Hofmann, 2001, pp. 219–220; Hofmann, 2016, pp. 16–17). *Sickness* refers to socially shared meanings, preconditions, and definitive boundaries of illness, also allowing for the identification of the *sick* in the environment of social relationships (Hofmann, 2016). Sickness highlights aspects like the social norms and expectations, policies, rights and duties, knowledges, and social positions of “*being sick*” that are intersubjectively determined and shared by a social group (Hofman, 2016). In his functionalist interpretation, Parsons (1991, pp. 289–321) highlighted sickness as the social aspect of illness as a deviance from the social equilibrium and prerequisites of the demands of the social system, a state of perceived disturbance and a pathological state compared to the “normal,” both biologically and socially, upon which treatments and therapies are developed. Similarly, Miller (1994) suggests that sickness is a reflection of a social and moral order that deviates from what is deemed as healthy. Hofmann points out that while sickness, illness, and disease suggest different perspectives of malady in human life they are neither mutually exclusive nor exhaustive (Hofmann, 2016, pp. 16–18). De Almeida Filho (2001) suggests that the category of illness incorporates the phenomenologies of illness, and

the individual experiences and perceptions of distress one experiences prior to the signification of sickness. Kleinman (1988) has referred to the local culturally patterned ways of thinking and understanding that participate in creating meaningful content to experiences of illness. Illness represents the personal experiences, understandings, and reactions to experiences of ailment or discomfort interpreted within an interpersonally and culturally established framework (Kleinman et al., 1978, p.141). Kleinman postulates that the illness experience itself is culturally shaped in that it allows for locally shared idioms, collective meanings, and experiences to participate in identifying illness in normative understandable ways. Illness is established in the lived experience of monitoring bodily processes and sensations, involving the categorization and explaining of and assigning meaning to bodily experiences as meaningful symptoms through these socially shared meanings (Kleinman, 1988). The diseases identified by health practitioners and often understood as psycho-physiological alterations of the body are also subject to cultural interpretation and socioculturally established *nosologies* (Kleinman, 1988). In varying times and places, medical professionals have applied their gaze in and over bodies to search and locate for disease (Foucault, 2003). In expounding the impacts that society and culture have on discerning disease, Ackerknecht (1971) pointedly notes: “What is disease is, in the last instance, not a biological fact but a decision of society” (as cited in Joralemon, 2017, p.8). Culture shapes our experiences, perception, and expectation of symptoms and the way we identify them by leading us to arrive at a particular socially determined category of sickness (Kleinman et al., 1978, p.141). Socially exchanged and assigned cultural meanings therefore participate in establishing what Kleinman (1980) suggests are *explanatory models* for illness. *Symptoms* become identified within the cultural system of meanings and are incorporated in the identification of a sickness that is accessible as a social category to others in a group. As it represents established and therefore normative ways of being ill, sickness, as Kleinman notes, creates common ground for community members and the practitioner to identify, experience, and treat *sickness*, which include behaviors of initiating treatment personally, by seeking care and advice from family members, or a health practitioner to identify disease. Early medical anthropologists divided non-Western disease etiologies into personalistic and naturalistic realms, brought on by sensate agents or supernatural forces, or by impersonal mechanistic causes such as the physical environment, organisms, or noxious substances (Foster & Anderson, 1978). Biopsychosocial models have construed disease

as the embodiment of reverberating symbolic networks that form relationships of bodies and selves, with society linking bodily processes with psychological states and conditions of sociocultural environments (Kleinman, 1988, p. 6). Patients, families, communities, and healers are therefore engaged in meaningful discourses with phenomenologies of illness, with socially shared notions of sickness and disease rendered meaningful in the context of wider social structures and relationships. Bringing illness into social arenas includes examining and finding meanings for collectively shared experiences of illness and establishing social recognition for sickness and the presence of disease (Kleinman, 1988).

Health

It can be concluded that socially shared meanings and social relationships, to a significant extent, inform and establish individual and collective meanings, perceptions, and experiences of illness, sickness, and disease. Illness is commonly held as the opposite or antithesis of *health*, with repetitive attempts to move from states of illness towards health. Illness is a frequent object of interpretation in medical anthropology, but apart from references to *health systems*, *healers*, and *healing*, health itself as a concept has received a lesser amount of attention as a focal point until only recently when it has been designated as *health anthropology* (Singer et al., 2020, p.1; Womack, 2010). Medical philosophers have explored naturalistic definitions of health, which consider health as a state of *homeostasis*, *functional readiness*, and *statistical* where bodies fit definitions of health through particular nosologies, reference groups, and notions of normalcy (Hofmann, 2016; Boorse, 2011). Conceptual analyses have interrogated the concept of health with the relevant categories of illness, sickness, and disease to understand the complexity of how health is conceived (Boorse, 2011). Value dimensions may consider *negative health* as an absence of illness and states of normalcy unarticulated and silent, and *positive health* as an unusual happiness, wholeness, blossoming, and achievement (Boorse, 2011; Mordacci & Sobel, 1998). Pörn (1993) has suggested a symmetrical relationship where health is not the absence of disease but rather an absence of illness in terms of *adaptation* of a human organism to a biological and social environment. In anthropological interpretations, with health as with illness, cultural meanings come into play, and the concept of *cultural relativism* posits that health too acquires its meaning within sociocultural contexts. Cultural

relativists suggest that definitions and meanings of health are determined socioculturally in various ways according to the geographical and sociohistorical context. For example, Svalastog et al. (2017) point out the historically changing conceptions of health that have been present in Europe. Meanings of health are produced in the social realms of human life. Historical, cultural, and sociopolitical processes generate meanings that penetrate bodies and shape the *embodied* experience of health (Iorio, 2016, p. 328). Scheper-Hughes and Lock's (1987) theory of three bodies – the *individual-phenomenological*, *social* and *political body* – postulates how both on macrosocial and microsocial levels of social communication, historical sociocultural forces shape the aesthetics, practices, and embodied experiences of health. In this theory, individual bodies are understood as singular or part of a whole, and the intuitive self-bodies are sites of lived experience – in the phenomenological sense, sites of sensations, interpretations, and understandings of health. Bodies are the site of politically, socially, and culturally influenced practices and symbolic work that engages in the grooming, fulfilling, and maintaining of healthy bodies. Social bodies are both products and subject to social forces that set precedence for ideals of healthy bodies that mediate an exchange of meanings between “natural” and social worlds and participate in the production of ideal healthy bodies in favourable or threatening ways. Boyd (2000) points to how the body in health as a symbol is often offered as a metaphor for other areas of human life such as notions of healthy behaviors and attitudes, healthy families, healthy lives, or healthy organizations. For communities, a healthy body offers a metaphor for wholeness, harmony, and health or for fragmentation, disharmony, and sickness (Boyd, 2000). Lastly, the *body politic* refers to ways in which institutionalized sociopolitical forces exert regulation and surveillance, force and control over bodies guided by ideals of health, exerting power to produce domesticated, *docile bodies* and maintain healthy bodies while punishing and expelling *sick bodies* and thus creating conditions of inequality and marginalization (Foucault, 1977; Scheper-Hughes & Lock, 1987).

Healing

With respect to meanings and social practices, healing covers vast areas in human life and endeavors in professional and academic spheres as in everyday life. Csordas and Kleinman (1990) suggest that therapy, treatment, and *healing* can be defined as the

domain of active responses to distress, pain, and suffering that accompany illness, sickness, and disease, which take place in varying amplitudes depending on whether they are related to general suffering in life or narrow health complaints. Wiley and Allen (2017, p. 36) suggest that in its simplest definition, healing can be understood as that which restores health. Baer et al. (1997) define healing as a response that humans characteristically adopt in coping with disease, whereas Miller (1994) suggests an analytical separation between healing and *cure*, where curing implies physical closure while healing is not limited to biological relief of disease. Just as health and illness, healing is a rich metaphor present in a multitude of realms in social life. In contemporary medical anthropological literature, healing, both personal and collective, has been found in religious imagery (Csordas, 2002), ritual (Csordas, 2004; Stoller, 1994), aftermaths of war (Murray, 2000; Wessells, 2007; Sherman, 2015), and other cases of social, political, and environmental upheaval and aftermath (Fussell, 2015; Schulberg, 1997; Hartmann et al., 2019). Crosscultural studies have also yielded knowledge and understanding of the universal aspects of healing by observing the many ways in which agency is taken in order to heal. Miller (1994) highlights six different historical paradigms of healing present in anthropological literature. *Symbolic healing* takes place in the healer's manipulation of symbols and myth, which are used to synthesize and reorder mind and body relationships with the world. *Performative* features of healing may weave ritual, religion, sickness, and drama as a rite of passage to facilitate transformation and transcendence. *Psychological* perspectives attempt to situate mind-body distinctions and reorder relationships between an individual and her illness. Considering healing as a *process* incorporates the dimensions of time, duration, and frequency of healing as well as the elements of transformation and change. *Efficacy* incorporates the possibility of empirical conclusions of healing, measurements that incorporate both the biomedical and ethnomedical approaches. *Political-economic* paradigms reflect on the ways in which political, economic, and sociocultural realms and healing systems reflect and construct states of health, sickness, and healing, where healing not only becomes a site for the articulation of shared meaning but also as a site for social and political practice and control.

Most societies do not solely rely on one etiology of disease but on both personalistic and naturalistic causes explaining etiologies of disease (Baer et al., 1997, pp. 313–314). Cultural meanings pertaining to illness and its causation, whether conceived as residing

in the physical or metaphysical realms, have also played a central role in understanding the cultural construction of systems of healing (Wiley & Allen, 2017, p. 38). Indeed, in anthropology involving *ethnomedical systems of healing*, i.e. the culturally relative distinct practices in a community that unite culturally shaped *folk illnesses* and notions of healing with practices of healing, crosscultural analysis has been central to the discipline (Kleinman 1980; Wiley & Allen, 2017, pp. 27–37). Western biomedicine can be seen as one ethnomedical system among others, which is founded on and constituting a culturally distinct system of healing of its own (Baer et al., 1997, p. 308; Joralemon, 2017, pp. 2–7). Healing traditions and institutions are therefore also *cultural products* that are produced and make sense in their sociocultural environment (Wiley & Allen, 2017, p. 27). Kleinman (1980) has suggested that especially larger societies often operate under *medical pluralism* with a collection of converging illness conceptions, etiologies, healing traditions, and ethnomedical influences. He proposes that they operate within three main sectors that comprise the *health system*. The *professional sector* comprises the authoritative dominant organized healing profession, often biomedicine; the *folk or traditional sector* is often described as alternative and non-professional, offering supernatural and non-supernatural methods of healing; and the *popular sector* comprises the healing activities undertaken at the privacy of family homes and communities without consultation of specialists (Kleinman, 1980).

As Kleinman (1988) suggests, medical systems are social and cultural systems and encounter illness through different perceptive angles, enacting different nosologies and therefore locating different categories of sickness and disease. Patients with cultural conceptions of illness and its causation, conceptions of health and healing, along with health seeking behaviors, healers, and responding institutions participate in the distinct variable *health systems*, which can be understood as the socially organized, communicatively constructed responses to socially and culturally determined occurrences of sickness and disease (Kleinman 1980, p. 24). Therefore health, illness, healing, and systems of healing are part of historical and political sociocultural systems that are to be understood through their interconnected and mutual relationships. Miller suggests that healing is a form of historical practice that changes shape according to the needs of those that need to be healed, offering a direction but not always a solution (Miller, 1994, pp. 22–23).

2.2 Medical anthropology

The history of medical anthropology dates back to the origins of anthropology itself as a fieldwork-oriented social science. Data collected on a variety of cultural beliefs and customs on the famous late 19th century Torres Straits Expedition by three physician-anthropologists included accounts of traditional healing practices (Singer et al., 2020, p. 12). Non-Western ethnomedical traditions were then seen as a kind of primitive medicine resting on “*beliefs*” of illness etiologies and methods of healing, while biomedicine was credited as non-biased, credible, and universal, resting on natural laws and sound scientific principles (Singer et al., 2020; Pool & Wenzel, 2005). Virchow and Ackerknecht contributed to the furthering of holistic analysis and critical understandings of how cultural values, social structures, and distributions of wealth and power are consequential and contribute to the very meanings of health (cited in Joralemon, 2017, pp. 8–9). As medical anthropology has emerged into a subdiscipline in its own right, it has fostered a general theory of how communities and societies understand and explain health, illness, and healing. Foster and Anderson (1978, pp. 36–38) made a distinction between *personalistic* and *naturalistic* disease theory systems. Another theoretical orientation has been the division between *applied medical anthropology* popular in the post-Second World War era with gauges in solving health problems in a particular setting, and *theoretical medical anthropology* aimed at understanding medical systems as sociocultural phenomena with efforts to form more general underlying theories (Pool & Wenzel, 2005, p. 31). It can be said that medical anthropology rests on the pinnacle of dualisms between the natural and the symbolic, and the categorical difference between personalistic and naturalistic theories of illness has been influential in subsequent developments of medical anthropological theory and crucial in the further understanding of how culture and social structures impact health. From this platform of rather dualistic notions of physical realities and social meanings, and of biological bodies and their representations in illness and health, anthropological theory has continued to both merge and develop. D’Andrade (2002, 2016) suggests that human bodies and psyches have over time been molded by a past history of living in a cultural way in accordance with and developing certain kinds of bodies, emotions, and desires, and in this sense, humans can be understood as fully culturally constituted. A phenomenological approach introduced by Csordas (1990) suggests that the sentient body is the existential ground for culture and therefore meanings of health and illness,

and thus the body is not to be perceived and studied merely as a vessel or object of mental operations but as the subject and existential ground for performing culture and the site of the constituted cultural self. In a similar analysis, Scheper-Hughes and Locke (1987) problematize the dualist mind-body, natural-supernatural distinctions that have prevailed in medical anthropology, as in the mother discipline, and begin with the body as a physical and cultural artifact naturally and culturally produced and anchored in a particular historical moment. According to Kleinman (1980), one of medical anthropology's projects is to discover what mechanisms connect the social environment with physiological processes, what biosocial bridge produces illness and certain psychobiological processes through culture, norms, and power. Biocultural approaches view health and illness objectively with a strong biomedical influence, while cultural-constructivist approaches have questioned culture-free naturalist assumptions by directing attention to the socially negotiated and culturally constructed nature of illness and health emerging from particular sociocultural realities (Singer et al., 2020, pp. 32–33). *Critical medical Anthropology* has emerged in the 1980s to challenge the unquestioned baseline of Western cultural scientific assumptions and biomedicine within the discipline and to interrogate the vertical links that connect the health of social interest groups to the larger regional, national, and global social relationships. The *political economy of health* perspective assesses dominant sociocultural political constructions of health and healthcare, structures of power, distributions of wealth, sociopolitical ideology, social relationships, and practices that can produce and enforce inequality and therefore tries to understand the social origins of illness (Singer et al. 2020, pp. 32–33; Joralemon, 2017, p. 38). Within the field of medical anthropology, this research thesis conjoins multiple theoretical fields in medical anthropology. While this thesis focuses on what can be understood as embodied phenomenologies of health, illness, and healing, it also pays attention to social relationships, political forces and structures, and biocultural aspects that influence and translate into meanings, experiences, and conditions of health, illness, and healing. With approaches from critical medical anthropology, it focuses on illness meanings, experiences, and conditions in the context of sociopolitical history while calling attention to how sociopolitical history is present in the experiential level of lived health, illness, and healing realities.

2.3 The meaning centered approach

Good and Good (1982) have argued that many anthropological theories of medicine have previously been grounded on a positivist understanding of discourse and what they explain as an empiricist theory of language and nature-culture dualisms, where disease is understood as a union of universal biological and psychophysiological processes and their phenomenological appearances, experiences, and representations that are shaped by culture. They have attempted to overcome this dualist framework of the signifier and signified by proposing a semantic and hermeneutic *meaning-centered approach* for medical anthropology as well as theory of illness. The theory contends that *illness realities* and *illness categories* are socially constructed, revealed to actors, and produced in the very discursive acts and interpretative processes of meaning making. They are a product of an exercise of creative interpretation and signification developed and narrated in the interplay and enmeshing of an illness experience with medical symbols and discourses, and physiological and psychophysiological processes taking place in a particular time and sociocultural environment. It is a process that aims to make sense of the world and a process of constructing both a personal and social illness reality. Illness realities are meaningful realities that intertwine biological and sociocultural aspects, and through which each illness can be analysed as condensing a specific semantic network, or a socially constructed embodied illness reality or a “syndrome,” a sickness of typical sensations, meanings, experiences, feelings, symbols, and set of words for articulation that coalesce in meaningful interactions for members in a community. They provide meaning to elements of a medical lexicon and participate in the constitution of meaning through a medical discourse to articulate distinctive configurations of social stress and to search for and negotiate relief for the sufferers. Categories of illness meanings are polysemically linked to units of meaning, other illness categories, and cultural configurations through semiotic connectiveness and overlapping semantic space. Culturally marked experiences and units of meanings that are associated with the illness category may be explored through how key themes are used in medical contexts, by examining the stressful experiences linked to the illness and by eliciting explanatory models and affect-laden images related to the illness category. An illness or a symptom of illness condenses a network of meanings for a sufferer, of personal trauma, life stresses and fears, social reactions, and therapeutic experiences interpreted into a coherent illness experience.

Semantic networks shape the illness experience and illness meaning, connecting personal experiences to cultural configurations and the values of a subculture or society (Good & Good, 1982; Good, 1977). It follows that illness meanings and experiences can be seen as radiating from a wide set of converging elements, from psychobiological processes and sensations, shared interpretations of causation, medical systems, medical lexicons, physical realities, meaningful experiences, and memories seated in history and present sociocultural environments to generate shared categories of illness meanings, medical lexicons, and medical discourses to articulate the illness experience. But what are the impacts that society as a political and sociocultural power structure has on personal and shared illness experiences, and where is the site of creation of the illness experience? Young (1982) has critiqued Good and Good's model for situating illness experiences overbearingly in the arena of the individual while failing to consider the compelling impacts that social dimensions and relationships have on the formation of illness experience. Young wishes to highlight the macro-social aspects of sickness, the socialized forms of illness in the triad of illness-sickness-disease. He points to the "*intellectual circuits*" or, in other words, the role and impact that powerful discourses and ideologies, relationships of power,¹⁰ and institutional structures have on producing illness, sickness, and health. Young's critique has paved the way for a demand for a broader and more critical approach in understanding the social origins of illness and health. Critical approaches call for highlighting how powerful discourses and elements of sociopolitical and economic forces, historical legacies, relationships of power, inequity, and diverse elements of culture, religion, gender, social class, and race structure and shape illness, health, and healthcare systems at the collective level as the personal lived experiences, meanings, and realities of health and illness (Singer, 2004). A counterargument would be that Good and Good have already incorporated those elements as the discursive, perceptual, physical, and experiential are situated and made in both the personal and social realms, and illness experiences are always in some sense made in the "world." Another counterargument would be that the way we engage in understanding illness and where it is "made" is a matter of perspective. Illness is polysemic, and understanding illness as a phenomenon is guided by the position of perceivers, whether located in powerful scientific disciplinary frameworks, political and

¹⁰ See also *biopower* as in Foucault (1978).

social arenas, or interpersonal relationships, or being that of the person experiencing illness.

2.4 The three bodies

Scheper-Hughes and Lock (1987) have suggested that introducing the body to the conceptual field benefits understanding illness as simultaneously physical and symbolic, naturally and culturally produced in medical anthropology. In their model, the body serves as a conceptual tool and an intellectual domain to understand health and illness from three analytical perspectives. The *individual self-body* is understood in a phenomenological sense as a cultural lived experience that in selfhood and body imagery is formed in the conflicting forces of historical sociocultural environments. The individual body or *phenomenal body* is a site of lived experience, meaning making and practice, selfhood, emotion, and mind-body-society interactions, a site of collective meaning making in “the ways in which society is inscribed in the expectant canvas of human flesh.” The *social body* refers to the collective representational uses of the body as a natural symbol for meaning offered as a model and mold for symbolic work for social meanings to be ascribed onto bodies, anatomies, and body parts through social discourse. The body as a symbol allows us to grasp ways in which social values, power, and social arrangements mold bodies and become embodied, and how bodies come to be seen and represented in illness and health through the values of society. Lastly, the *body politic* refers to bodies as objects of power, drawing attention to how powerful regimes and ideologies have impacts on bodies; how they are socialized, disciplined, and domesticated or expelled under a particular sociopolitical order. The political body highlights the regulation, surveillance, and control of bodies – both individual and collective – in society by many types of polity such as chieftainships, monarchies, democracies, or totalitarian regimes. The body is under the control and manipulation of power holders and reveals how the body politic engages in the production of bodies to correlate to the needs of the social and political community and state.

In this sense, historical sociocultural arrangements act as disciplines, powerful social scripts, and a form of *bio-power* with *bio-histories* that mold and pressure the body to conform and internalize a particular social order with the goal of producing normal, docile, and healthy bodies (Foucault, 1977, 1977/1980, 1978). Scheper-Hughes and Lock’s (1987) three bodies present a valuable analytical tool in delineating and

circumscribing a particular research interest for the purposes of this thesis, which is the shared categories of experiences and meanings of health, illness, and healing exhibited in meaningful illness discourses and narratives, and in bodies and embodied experiences, and the constructive process of meaning making of lived illness experience, which takes place in and makes use of the realm of historical sociocultural and political contexts.

2.5 Theoretical approach of thesis

This research thesis has drawn on two theoretical frameworks and has from the outset aimed to discover and interpret the health, illness, and healing meanings, embodied experiences, and realities shared by individuals within a particular Indigenous community. As one of its aims has been to not lose site of the immediacy of the human illness experience, the starting point has been Good and Good's (1982) meaning-centered approach to understand health, illness, and healing as taking place in both the personal and social arenas, and as embodied, experiential, and shared. The meaning-centered approach holds that illness discourses and categories of illness meanings are constituted in particular historical sociocultural environments as socially constructed illness worlds or illness realities, and that they are developed in concert with physiological and psychophysiological processes. Medical idioms or medical discourses participate in and provide the language through which illness experiences are constructed and are reconstructed and articulated as skilled performances, interpreted and reinterpreted retrospectively. Good and Good suggest that the meaning-centered approach to medical anthropology provides a framework for the study of illness realities, illness categories, and medical discourse that is alternative to and unites both biomedical and cultural relativist analysis. Good and Good suggest that a form of analysis useful to analyzing the semantic structure of illness realities is the semantic network analysis, which is based on understanding categories of illness meanings as configurations of semantic fields linking public symbols to primary social values and powerful personal affects and experience. Also drawing on Scheper-Hughes and Lock's (1987) model of three analytical perspectives to embodiments of health and illness, I have acknowledged in this thesis that the personal and shared social meanings and experiences of health, illness, and healing circulate and are produced by and played upon the body with elements of the physiological, phenomenological, sociosymbolic,

and political spheres. From the outset, this research project has aimed at answering its research questions through presenting community members with the three interrelated concepts of health, illness, and healing to draw out what categories of meanings and experiences may be associated with these concepts. It also aims at understanding what health, illness, and healing *is* for members in this community. From the first interview, it became evident that the history of colonization and colonialism are a significant part and facet of the polysemic health, illness, and healing experiences, meanings, and realities communicated and exposed to me as a researcher coming from outside the community. This has led to introducing additional questions of how colonization and government institutions have impacted health. I have hoped to highlight the anticipated presence and evidently important aspects of how living in this particular body politic in this particular time as Indigenous in an Indigenous community with a history of colonialism is understood and has had impacts on experiences and meanings of health and illness and aspirations of healing. Through a thematic analysis, I have attempted to distinguish the meaningful categories and experiences that community members communicated to me as they were introduced with the concepts of health, illness, and healing. Introducing metathemes with more detailed histories and additional theoretical concepts and constellations has aimed at assembling experiences and meanings of health, illness, and healing coherently, but they have also been used as explorative and meditative devices for more in-depth understanding. This thesis brings attention to how political sociocultural histories impact health and illness concretely, as well as participate in the construction and reconstruction of meaningful categories and experiences of health, illness, and healing. This perspective allows to view health, illness, and healing as historically emergent socioculturally meaningful categories as well as biocultural illness realities.

3 Colonization, health and illness

Colonization and colonialism have been defined as one society's practice to expand through conquest by incorporating new territories into its body while aiming to benefit from it economically and strategically and by dispersing people into the new conquered territory (Kohn & Reddy, 2017). In this sense, colonialism is not a new phenomenon and is often used as a synonym for imperialism, which is defined as a centralized ideological effort from a metropolitan center to extend assertion and expansion of state

power, sovereignty, authority, and political system for the purpose of territorial domination (Kohn & Reddy, 2017). Young (2001) suggests that 15th century European imperialist motives and policies were meditated upon and drawn up ranging from purely political strategies to economic interests and desires for new living space (pp. 17–23). While colonialism has often been understood as a centrally organized and structured premeditated effort of a sovereign nation, it is important to note, as Young suggests, that colonization has often been driven by various agents with diverse interests progressing in an incoherent and haphazard manner (p. 15). It is in fact more accurate to speak of various colonialisms, which some refer to merely as expansions of modernity and which can be described as a relatively incoherent set of processes and practices including the economic, legal, administrative, and social structures that sprung ad hoc with a range of different pragmatic motives in various geographical settings and social contexts (Young, 2001, p. 5). Varying from the establishment of economic enterprises to forming colonies, various colonialisms brought diverse populations into contact in large numbers and in new ways (Young, 2001, p. 16). Indisputably, at a national level, colonialism and imperialism were not entirely separate endeavors but fairly tightly associated, so that internal political tensions and economic interests in the Old World influenced colonial policies and agendas for mutually balanced goals (Young, 2001). The apparent incoherence of European colonial endeavors in the Americas is also a matter of perspective. Young's notion of the diversity and multitudes under the concept of colonialism and its various colonialisms allow for an examination from the perspectives of both the colonizer and the colonized. Edward Said (1979) and other postcolonial writers (Acherarîou, 2008; Ahmed, 2013; Bhabha, 1991; Césaire & Pinkham, 1972; Fanon, 2009; Nandy, 1988) have argued that from the colonized perspectives, colonization and colonialisms can be analyzed conceptually and discursively as a range of habitual ideologies, agendas, and regimes that employed common exploitative, oppressive practices and identities rooted in meanings propelled by what is seen as a relatively coherent imperialist and Eurocentric ideology. As Young notes, uniformity and diversity rest largely on the dialectics of the subject positions of the colonizing and colonized in postcolonial thought, where from the viewpoint of the native peoples of colonized territories and anticolonial activists, the British empire, for example, looked much the same in all its colonial territories (Young, 2001, pp. 18–19). As discussed in postcolonial literature, for the colonized, colonialism often represented various cultural, religious, ethnic, and economic forms of oppression and domination,

as well as colonized responses in the form of emancipatory attempts to assert and articulate new collective forms of political and sociocultural identity (Young, 2001, p. 11). Young notes how postcolonial critique of colonialism also involves a form of activism, a consideration of the history by those that see themselves as suffering from its effects, and it also involves an assessment of the past in redefining colonialism and finding meaning in terms of contemporary social and cultural conditions and impacts. According to Davies, Sardar, and Nandy (1993, pp. 4–10), this is why postcolonial theory intermingles the past with the present and is directed towards a transformation of the present out of the clutches of the past. In this sense, contemporary thought, in mundane or academic discourses and theory of colonial pasts, can also be interpreted as a form of remembering, which is comprehending and finding meaning and significance in the past that is always defined by and in some ways dependent on the conditions and aspirations of understanding and finding meaning in the present. As Halbwachs (1992, p. 40) in his classical work on *collective memory* suggests, remembering is a collective social activity embedded in meaning as the ability to even comprehend and interpret ourselves and the world around us, and the ability to form memories itself require a framework of shared meanings. Social frameworks of meaning bind remembering as interpretations of past events to present concerns shared by a group or community with horizons of common experiences and memories, interests and expectations, causes and preoccupations, stories, traditions and meanings, areas of life, and a common social category with common secrets only revealed to the members of that community (Halbwachs, 1992, pp. 60–68). Halbwachs binds individual memory as part of the aspect of group memory, which is not necessary for group members to be aware of but in which the collective framework is nonetheless melded with our most intimate memories (1992, p. 53). The past not only becomes a collective representation that explains the past with the present but grows into deep cultural myths (Dow 1986) and enlivened memories, as Connerton (1989) notes, which are taken up and appropriated, molded, performed, and transmitted in society's commemorative and institutional ceremonies and enacted in habitual bodily practices. Colonial memories not only inform the present, but as Stoller (1994) suggests, they also leave their mark of meaning onto selves, bodies, and habitual bodily practices. Bodies become informed, marked, and consumed by meaningful memories, and embodied in perceptions and dilemmas of the communal self, in projects and practices of the self, in conceptions and experiences of

health and illness of the self, and aspirations for the advancement of the self displayed by individuals and communities.

3.1 Colonization and colonialisms, transforming and informing health and illness

Over the course of my fieldwork, it became increasingly evident that concepts of colonization and colonialism with their aftermath continue to be a significant part of the illness experience in this urban Indigenous community. From the first contact, colonization and colonialism represent the initiation of a long period of gradual increase of destructive European influences on Indigenous lands and peoples taking place in many fronts and manifestations upon their then precolonial world. These processes entail the establishment of transformative new ideologies, power structures, oppressive laws, policies, and practices with the gradual and at times swift establishment of a new Euro-Canadian social order or “the White man’s ways,” which are seen as having spiralling intergenerationally negative impacts on Indigenous health. In community narratives and discourses, colonization is seen as placing Indigenous peoples victim to a new regime with profound impacts on everything, including systems of subsistence and economies, diets, social relationships, relationships to land, political power and self-determination, social structures, identities, cultures and languages, spirituality, philosophies and teachings, knowledges of maintaining health, child rearing, and education to name a few. Colonization introduced a string of changes and impacts with new people imposing new values, new cultures and spiritualities, new identities, and new agendas and projects, oppressive policies and practices forced on Indigenous populations that could be executed with force due to the shifting power relations. One way of understanding these events and consequences is to construe them as various social and political projects, events, and changes that have taken place, as colonialisms as experienced by the colonized, that persist as and also inform the present illness experience. Colonization and colonialisms are a metatheme and a framework that I have chosen to highlight in the community narratives the coherence and continuity members perceive in these various negative changes, events, and processes brought on by colonial and postcolonial governments, and experienced by them in the present as by their ancestral communities over time. Colonialisms and the various social changes, modes, methods, and uses of power as introduced and used by the colonizer to target

Indigenous populations have in community perspectives resulted in harmful negative effects and transformations in the Indigenous population's health¹¹. The colonialisms community members referred to were personally and collectively shared experiences of the past persisting in the present, under a colonial regime, shared intergenerationally by local families and communities but also by a larger body of Indigenous Peoples of the entire North American continent. Colonization introduced a new social order that saw Indigenous people being stripped of power, subjugated, and introduced with a new collective and stigmatized *Indian* identity, which, in turn, formed a basis for assimilation policies aiming at symbolic transformations of *Indian* bodies through abusive tactics, which directly contributed to poor health. Colonialisms in the form of colonial laws and policies and subsequent confederate policies, which followed in the same spirit and also gave rise to practices, events, and experiences in postcolonial times, continue to have negative impacts on contemporary experiences of illness and suffering and in continued experiences of mistreatment and oppression. In fact, one can also question whether the Indigenous community even perceives itself as being in a postcolonial era. Colonialisms and the changes, events, and experiences colonization introduced intermingle in the illness, health, and healing meanings in the personal, familial, intergenerational, and communal realms as intergenerationally passed stories of colonialisms and as memories of experiences of mistreatment, suffering, abuses, and sheer violence. It is a past shared and communally remembered, a source for contemporary meanings of illness and illness realities, as well as collective identities embedded in shared experiences resting on notions of the colonizer and the colonized, the abuser and the victim, the exploiter and the exploited. For community members, a common theme of colonialisms and a colonized perspective were present and expressed in various meaningful illness categories, experiences, and realities. In my analysis, I concluded that colonization and colonialisms inform what it means for Indigenous people now to be Indigenous to the continent, what it once meant to be healthy, how they as a people have become sick, and how they can become healthy again and heal from the negative impacts brought on by colonialisms. These experiences of colonialisms in the Indigenous community can be therefore described as significant embodied social memories of intergenerational experiences, which are part of the urban Indigenous community's contemporary illness reality and experience, and inform the

¹¹ It has become clear that at least one facet of health, illness, and healing experiences and meanings for community members draws meaning from a broad field of historical social, and political events.

contemporary conditions, identities, and aspirations related to meanings of health, illness, and healing. Meaningful memories of colonialisms were readily present in illness narratives, public discourses and speeches, informal discussions, and a ceremony in commemoration of residential school victims.

3.2 Precolonial identities and health, “us as the healthy”

For the Indigenous urban community members encountered during my fieldwork, understandings of the negative impacts of colonization on health were built upon notions of healthy Indigenous identities and cultures in the precolonial past. Distinct cultures, value systems, social structures, lifestyles, and ways of inhabiting lands are what colonization and the spread of the White man’s ways as an invasive and often violent process attempted to weaken and destroy. In the narratives, precolonial Indigenous communities enjoyed a state of community wellness relying on ancestral knowledges and teachings, social harmony, sustainable lifestyles with the environment, and a sense of attachment and belonging to ancestral lands. On the continent that is often referred to as *Turtle Island* in the community named after the creature present in many North American Indigenous creation myths (McCall, 2018), many community members implied that Indigenous people have a special relationship with the land. As the original people of the land, precolonial ancestral communities thrived and enjoyed a relationship with the land going back thousands of years or, as one community member stated, to “time immemorial” and the “first sunrise”, a timescale in relation to which Canada as a nation-state appears merely as a long weekend, as one community member noted. Harmonious and sustainable relationships with the lands meant that people only took what they needed from the land and acted as the first caretakers and protectors of the health of the land, a harmony that traditional subsistence lifestyles sustained. Homelands were a source of healthy foodstuffs, diets, and traditional medicines, where ancestral knowledges of food sources and preparations allowed bodies to become nourished, healed, and genetically adapted to their homelands for sustenance and health for thousands of years. Caring for health through maintaining healthy traditional diets was accompanied with ancestral knowledges of healing with medicinal herbs and healing rituals such as ones performed in sweat lodges and sun dances, cleanliness, and healthy lifestyles that were built upon a holistic notion of health as fourfold, as a state of balance. Community members described how in the past, maintaining health was

achieved through proactive traditional ways of caring for the health of the self, families, and communities, of maintaining the physical health of bodies through physical work and bodily cleanliness through practices such as morning swims, which were accompanied with caring for mental health by learning about culture and important skills when coming to a certain age. Spiritual health was cared for through managing and removing negative energies, negative or restless spirits, and managing inner and community spiritual strength and wellness with the help of social practices and rituals to care for emotional health and stave off negative emotions in the community. Maintaining balanced and harmonious relationships with other people, animals, plants, water, land, ancestors, spirits, and the surrounding cosmos is expressed in the holistic perception of interconnectedness with “all my relations.” Several community members referred to the past Indigenous communities as maintaining harmonious relationships with the land and cosmos, accompanied with social systems involving traditional modes of leadership, kinship, marriage, and social order that were maintained through honoring tribal and ancestral relationships. This was achieved, for example, through social rituals such as potlaching, upholding the feast system, and sharing within the circle of resources while upholding a strict moral code. Modes of healthy parenting involved discipline but also a principle of tolerant patience, and children’s education was maintained through their accompanying their parents and learning skills in everyday activities and work, by alternating discipline and leisure, and learning traditional ways of caring for self sustained through traditional teachings that also aided communities in labor and health. Community members implied how these ancestral knowledges, moral stories, and wisdoms that were referred to as *teachings* were passed down by elders through generations and offered established healthy models of conduct for every area in life ranging from social relationships, parenting to diet and maintaining mental, physical, spiritual and emotional health, and were the foundation of the wellbeing of communities. Traditions and culture signify the lifestyles, seasonal rhythms, social practices, relationships with the environment, values, morals, disciplines, modes of spirituality, rituals, philosophies, and languages that were the basis of maintaining wellness for precolonial Indigenous communities and were antithetical to the values, morals, philosophies, and cultures introduced by the White man and colonization. The importance of storytelling, and passing on and implementing ancestral traditional knowledge, the value of patience in teachings like “everything happens in the right time” and “everything happens for a reason,” and the significance

of “listening” to ancestors in the spirit world who attempt to help and guide stand in contrast with the White¹² values emphasized in the residential schools and systems of law and governance, which devalued and made illegal Indigenous ancestral knowledge and spirituality and introduced new values of profiteering and exploiting nature, impatience, new forms of morality and discipline through shame and punishment, and new forms of work ethics and perfections. The safe environments and traditions of the longhouse, the fires, the stories, the languages, the teachings, the cultures, and the traditions that were a source of health were taken away by colonization, assimilation, laws, policies, and institutions such as the residential schools. Healthy precolonial Indigenous identities, including a sense of belonging, healthy identity, self-esteem, self-value, self-sufficiency, self-reliance, and independence, that were built upon tribal ancestry, ancestral lands, languages, and cultures were severed by colonization.

3.3 Colonial identities, “us as the colonized”

For members in the urban Indigenous community colonization has represented invasions and attacks on their ancestral Indigenous communities and homelands. While many members continue to identify or affiliate with their ancestral community or communities, colonization is communicated as an experience collectively shared at several levels of identification with the province’s and nation state’s Indigenous communities and in a broader sense with the whole continents Indigenous populations. Shared through common experiences of loss of land, common policies of assimilation exerted onto Indigenous populations, colonization is the agent responsible for the continental impact of destructive forces and processes that are responsible for the deterioration of Indigenous health. Colonization therefore is not only locally suffered and experienced but is the basis for a common shared intergenerational experience of being colonized and an identity of the colonized drawing together past and contemporary Indigenous populations of the Americas.

N: people have no idea..you know.. what it’s like to be Indigenous to this continent ..extracting their viewpoints on..on the people, you know..not thinking of our whole loss of land loss of rights and being forced on reservations, which I share is uh..the beginning of learned dependence on our people.. you could not leave the reserve ‘cause they said we’ll would bring you your food, we’ll bring you..

D: We’re not the only people that were colonized, we’re not the only people that, were ripped away from our homes. We just see it here because this is our home. We’ve never left our home, we’ve never gone to find a bigger dream in some other land. We’ve always continued to be here to take care of our land..

¹² On the social construction of *Whiteness* further reading found in Guess (2006).

In community members perceptions colonization launched into motion pernicious spiraling effects as one community member exclaimed:

D: Canada talks about terrorism. We have been terrorized since 1492, since those ships started to arrive, my woman we're on those canoes trading furs, those we're criminals, prisoners, murderers, rapists on those ships, and they came to our shores. They weren't the kinda people you wanted to hang around.. you know..so..to let those floodgates open was a serious matter.

Community members use terms like “We,” “Us,” “our,” “Our People,” “*Indian*,” “Native,” “Aboriginal,” “First Nations,” “Salish,” “colonized,” and the increasingly popular “Indigenous” to express a collective identity and a position of the colonized, a sufferer of colonization and colonialisms that includes not only ancestral and contemporary local communities but a larger body of First People on the continent. “Colonized” and “Indigenous” have grown to include and sympathize, as a form of activism and common agendas, with the contemporary and historical Indigenous people else where in the world and even other non-White populations that have suffered from colonization, through slavery and settler injustice, and continue to suffer from White-settler oppression in the entire continent and even globally.

N:...and what they don't say is that a lot of our Indigenous Peoples all across the world including what's now called North America, including what's now called Canada, United States were taken as slaves and used as slaves, and women were taken, and children we're taken to be used as slaves, and were...and so that was sort of the first experience of our people of the Indian genocide.

3.4 Loss of land and changing subsistence patterns and diets

Common Indigenous experiences of land dispossessions due to land grabs by settlers and colonial governments are one of the examples that community members point to as having impacts on their health. Community members spoke of their lands being stolen and being dislocated and ripped from their homes and native lands. Collective communal memories of colonization pertain to loss of land while they coalesce with the fates of the larger Indigenous populations in the continent as similar struggles, interests and common experiences of collisions with colonizer governments, and the colonizer government's inability to comprehend and respect Indigenous perspectives and rights to land. As Natalie explains:

N:...and going to England for gods sake to beg..please help us..she was supposed to be our mother..like you know the.. queen mother..so I'll bet you..how many leaders all across you know ..at least half of the continent and even in the United States travelled to go see her to see if she could help because we need this land this is our prayer.. where we go through our prayers, when we go through our prayers and ceremonies, here we go hunting here this part of the season, over here this waterway is where we gather food for our people and we live there this part of the year..umm..you know so..in exchange for all of that loss..for the ordinance, what you can't do, and..in every, almost every reserve some got blankets.

Colonialist policies introduced laws that entailed confiscation of land and unequal access to lands and resources that previously were theirs. Colonialisms with perceptions of Indigenous peoples as inferior was manifested in the many ways they were treated and operated upon and participated in establishing unequal land rights and large restrictive measures enclosing and placing members of Indigenous communities away from their homelands, resources and subsistence methods outside from the Canadian polity when not willing to become enfranchised. Enfranchisement would have meant renouncing their tribal affiliations and treaty rights along with their tribal identities to participate in homesteading or in the work force and becoming members of the Canadian labor society. The historical dispossessions of lands, forcing Indigenous populations onto reservations and the loss of traditional means of subsistence are seen as leading to a harmful pattern of dependence upon the colonizing government whom in the exchange for land made commitments for food, health, education and basic necessities and services. By the late 19th century, it became clear that Indigenous populations were not willing to give up their treaty rights and assimilate in order to acquire Canadian citizenship leading therefore to even more drastic measures to absorb the Indigenous populations into the Euro-Canadian social order (Kelm & Smith, 2018). Enclosure onto reservations for those not willing to renounce tribal affiliations and to enfranchise meant less opportunities for employment, restrictions on social rights such as political activism, restrictions on access to legal representation, inability to engage in business ventures and restrictions on movement outside reservations. For community members restrictions for use of marine and land resources introduced changes in the seasonal patterns of community life, changes in subsistence patterns and introduced poverty and changes in diets that are perceived as an adverse historical shift in terms of collective Indigenous health. As one community member explains:

N: ... simply because when your on the reservation, stuck on a reservation there are too many things that your not allowed to do, can't own a business, cannot run a business, you can't hire a lawyer, you couldn't vote until what 1967, umm you can't gather, you know, can't practice you spirituality, men cannot go hunting. Women can't go..gather..once its read in that, so you can't you can't you can't.

3.5 The colonial “system,” establishing a new social order with the policy of assimilation or annihilation

My interpretation from community member's narratives is that colonization has entailed the erosion of the healthy pre-colonial social orders and establishment of a new social

order founded on Euro-Canadian White settler cultures, morals and values, religion, disciplines, economies, institutions and practices. As power holders the colonial and then post-colonial governments proceeded in establishing a colonial system and a power structure through which they as the colonizers have engaged in unjust and violent methods to subjugate the colonized Indigenous population having immensely negative impacts on health. Community perceptions include that establishing this new social order has entailed the procession of Canadian governments employing policies of assimilation or annihilation. Colonization, settler communities and colonial government's policies and practices have a long history of attempting to destroy Indigenous titles to land, traditional ways of life and subsistence, stigmatize Indigenous identities as well as weaken and destroy Indigenous cultural identities, spirituality and cultures while introducing their own valued forms of spirituality, morals, cultures and cultural identities, social and economic systems and relationships to land or what community members refer to as "the White man's world" and "the White man's ways."

The colonial system

Colonial and post-colonial government initiated laws, policies and institutions are part of an oppressive structure that community members refer to as "*the system*" that includes the instituted and implemented laws, policies, institutions and practices that have rested on devaluing Indigenous identities and cultures, controlling and subjugating Indigenous populations in attempts to assimilate or annihilate Indigenous populations. It is the system that introduced institutional bias and racism, forced Indigenous people onto reserves, introduced laws that defined and placed Indigenous people in a legally unequal position and crushed opposition, banned important socio-cultural practices and spiritualities, and introduced policies like the residential schools and child apprehensions in efforts to transform Indigenous populations. Laws and policies were then carried out in accord with government agents such as the established Department of Indian Affairs with its Indian Agents as vehicles of control, the Royal Canadian Mounted Police (RCMP), the Indian Residential School system, legal courts and social workers with grossly negative impacts of health. It is a system and social order that people in the Indigenous community continue to live with and struggle under and against and in that way it continues to put pressure and have negative impacts on health. For community members colonization and government policies have lead to the once

native home lands turn into a hostile environment where not only Indigenous rights as the First People on the land were and are disrespected and restricted, but being Indigenous has meant a continuous vulnerability to hostility, institutional abuses, neglects and mistreatment in the new society.

*K.: For me it (health) is a lot more physical you know internally for myself, then external too. There's a lot of other things that ruins your health on the outside, cultural genocide, the laws ..you know..that we have to fight against ..you know..to change the **system** you know.*

3.6 The *savage* and the *Indian*, stigmatized Indigenous identities, and cultures as basis for law, policy, and practice

For community members one of the root problems in terms of their collective past and contemporary health problems both personally and communally is that colonization and the emerging White man's society introduced and entertained what is experienced as stigmatizing perceptions of the continents Indigenous peoples and cultures. Initially it entailed the introduction of an incorrect identity at the brink of colonization that persists in contemporary Canadian society and its legal discourses to this day. One community member explained to me as he had done before at a presentation to young school children, Columbus who was lost made a mistake in naming the Indigenous populations as *Indians* in the land that he encountered. Colonization and settler-Indigenous interactions where Indigenous people were judged and assessed against Eurocentric expectations in an act of drawing difference gradually introduced a stigmatized identity for Indigenous people on the continent. Identification of Indigenous people and their cultures, means of subsistence and lifestyles as heathen, savage, primitive, immoral and undisciplined are perceptions and general sentiments that were translated into policies, institutional practices and attitudes in the new society eventually from a position of power. Stigmatized identities were based on an ethnocentric cosmology and perceptions of European superiority and inferiority of colonial Others that defined Indigenous population on a continuum of civilized and savage.

N: ...what they don't say is what happened to the Indigenous People as a result of the contact and how they were treated..uh..upon contact..and how they created the, the visual of who we were as a People as savistic and maybe a thought of not being intelligent enough to speak their particular language.

For community members the impacts of colonization in terms of health are closely associated with the stigmatization and dehumanization of Indigenous identities and cultures with experiences of outright bias that have largely informed the general tenor

of laws, policies and institutional practices for the past 500 years. Historically laws like the Indian Act took privilege to define Indian identity itself as a legal and therefore social status by dictating the rights and conditions for recognized tribes and tribal membership or *status* while forcefully removed the legal status of Indian from certain populations such as landless tribes, those deemed “half-breeds,” the Métis and those that had become *visibly enfranchised*. For example, holding a higher education led to forced enfranchisement and gender biased policies stripped women marrying enfranchised or White men from their legal status, in all creating various levels of Indigenous authenticity while at the same time defining *Indianness* itself. The introduction of European naming systems or “slave names” as one community member described in place of traditional naming systems for the purposes of Euro-Canadian administration and assimilation are but one of the examples of the policies that altered, devalued and stigmatized Indigenous identities and cultures. Shifting power relationships and recognition of Indigenous populations as inferior and in need of tutelage were perceptions community members recognize upon which the colonial society and subsequent governments drew up and implemented oppressive practices, laws and policies favoring settlers and taking away rights that were held for only the settler or assimilated populations. As one community member noted before colonization Indigenous peoples who for thousands of years upheld thriving communities became labeled as dysfunctional. Many community members point to a collective experience where Indigenous people came to be treated as savage, as masses of problematic delinquent groups with unfitting lifestyles and cultures for the new social order of the Euro-Canadian society. Community members point to how Indigenous Peoples have suffered paternalistic supervision and control implemented through laws and policies that entailed either ostracism by separating Indigenous populations from the general population onto reservations or through assimilation efforts by parting children from their communities to residential schools or adopted into White families to be educated and transformed, while at the same remaining chronically in a particular inferior social status in Canadian society.

M: Well it makes you ashamed of who you are, nobody should be ashamed of who they are and where they come from, but society has made it be that way that you are a second class citizen and how they've done that is by taking away our culture and then also separating us from the general population, and so, I've been affected by that even though I never lived on the reserve...umm.. by just being stigmatized by my adoptive family and you know all that kind of racism that you hear at school.

For community members these historically instituted laws, policies and practices, the general bias in the government institutions that carried out policies such as the creation

of the reservation system, the residential school system and child apprehensions are the essences of an identified institutional racism and the ways in which pre-and post-confederate Canadian government policies have had negative impacts on health.

Policy and practice on the subhuman

For community members, institutional practices such as excessive frugality in terms of rights and resources distributed out to Indigenous communities on the basis of historical treaty rights both in the past and the present are but one example of the lesser value placed on the lives of Indigenous People and their wellbeing and is seen as one reason for a future of struggles with poverty, poor health and living in a marginalized existence in contemporary society. Sending medical students in the past to reservations to deliver second rate health care services, subjecting Indigenous adults and children to unauthorized and un-consulted medical procedures and health studies are a few of the institutional practices based on society's perceptions of *Indian* as a stigmatized subhuman identity.

*N: you know and uh..it causes a lot of procrastination among our People to get proper health for themselves because of the..its not even a fear now, its just a ingrown..umm.. tension..and for some elders it is a fear because..in my grandparents..my fathers stepfathers age is..I think for people that are..probably my mom was 17 when she had me, so anyone that I would say 70 and older..umm..65 and older..dentists that were sent to reserves that were just practicing..and I heard too many stories of..my dad was probably in his 20's, he had all of his teeth pulled out..and he just had a toothache..but they would just send..and they ..they wouldn't really even tell you what they were doing they were just practicing and we were already **subhuman** by then..therefore do what you want..uh..and then the..*

For community members, the experience of the general tenor of colonialist policies and practices and in general society for both pre-confederate and confederate Canada has been that Indianness is a stigmatized subhuman identities that one should be ashamed of and that must be transformed from and made "White." The stigmatized identity has justified making Indigenous peoples objects to institutional policy and procedure, victims of bias, abuses and tyranny where Indigenous peoples have had little consultation or power in terms of influencing policies pertaining to them selves and their fates. Indigenous peoples have carried with them society's perceptions of being a delinquent hopeless, undisciplined idle mass and have been and continue to experience being stereotyped as "not being able to do anything right" "not amounting to anything," as one interviewed community member explained.

N: ...you know, even though I worked since I was 15 years old.. you know..I get hit with attitudes..you know..of assumptions of knowing who I am..you know..and..you know looking at me like..you know..like I'm no good..umm.. that you probably don't work you probably drink, you probably take drugs, you probably whore you know..you're obviously not working you know..

For community members it is paradoxical that in this day and age laws like the Indian Act that are so old continue to define, supervise and administer all things “Indian” that community members continue to experience as part of a defining system they continue to be “stuck with.”

Stigmatizing Indigenous culture

In the emergent new society foundations of Indigenous policy have rested on a dehumanized Indian identity but also in devaluing, denigrating and obstructing the practice and transmission of Indigenous cultures. There are many ways in which community members realize how colonization has had impacts on Indigenous cultures. Colonization entailed stealing tribal lands and dislocating Indigenous peoples from their ancestral lands and consequently traditional methods of subsistence attempting to transform them in to an image of what was a correct way of living and subsisting in the new settler society, into small scale farming, homesteading and poverty with governmental policies of enclosure onto reservation and into a relationship of dependence. Dislocations from tribal lands, restricting hunting, fishing and so access to traditional food sources and subsistence styles, the dislocation of children from their parents and communities to residential schools has resulted in a loss of the traditional knowledges and skills for subsistence, skills to hunt and forage and traditional knowledges of healthy food sources and preparation and child rearing. Community members referred to the loss of access to traditional foods with an intergenerational experience of poverty as one reason Indigenous peoples have had to rely on expensive imported foods or low quality foods and have subsequently developed a taste for unhealthy foods while traditional healthy foods are for some perceived as distasteful. The changes of tastes and loss of knowledges of food sources and preparation has had negative impacts on health as one interviewee exclaims:

T:... Do they (parents) even know how to prepare a meal from scratch with fresh foods, that's the other issue is. That's a lack of skill that was, from colonization. They didn't get taught, no, you don't just, come into this world and know how to cook a good meal. You have to learn and you're taught and you're exposed to that over and over before it becomes a skill of your own. So a lot of our families, they just don't have that. They ..its there ..they would starve if they don't eat out or if they're not eating junk food.

Traditional forms of parenting and education involved children accompanying their families all the time and learning valuable skills for subsistence and survival useful in the community. Cultural knowledge has been lost due to colonization that introduced residential schools, boy homes, forced apprehensions, adoptions and the foster care system that over many generations have removed children from their parents and

communities into institutional environments and White Canadian homes instilling, maintaining and enforcing White Canadian values and culture. The transmission of the very knowledge and skills of parenting itself has been severely damaged because of the stigmatization of Indigenous parenting as generations of children have been removed from their parents and communities. Children came to lack the very model for and ability to be parents themselves let alone have a cultural model of a healthy nurturing parenting. One of the central hurtful policies in terms of health and healthy identities for community members is devaluing cultural practices by defining them as harmful with the objectives of assimilation and making them illegal for Indigenous people to practice and pass on to the next generation. Canadian settler society has indicated and demonstrated in many ways the undesirability of Indigenous cultures and identities. Community members share a collective understanding that many of the Canadian pre- and post-confederate policies and practices have centered on the unappreciation, denigration and stigmatization of Indigenous cultures and have engaged in an effort to weaken and demolish Indigenous cultures. At the same time government efforts have centered on transforming and assimilating Indigenous populations to the likeness and ideals of the White settler society. Many cultural practices were bluntly made illegal. The Indian Act with its amendments outlawed central healing, spiritual, cultural, social practices such as potlaching, the winter dances (tamanaws), sun dances, powwows and even the right to appear in traditional regalia while historically colonization and European influences have introduced forcefully their own “civilized” cultures, social practices and forms of spirituality in the form of Christian religion. Community members recall how medicine men, sun dances, potlatches, powwows and ceremonies were forced to go underground and to be practiced in secrecy in order to be preserved. Encoded in laws these general perceptions of the settler society towards Indigenous peoples and cultures were enforced and carried out in practice through the grass root level institutional systems such as the police, Department of Indian Affairs, the judiciary systems and in the educational residential school system where children were dehumanized and stigmatized for their *Indian* identities, discouraged and punished for identifying with their ancestral communities, practicing their culture or speaking their native language. At the same time the settler society has paradoxically placed value on Indigenous culture and lead to confiscations and other means by which Indigenous people were dispossessed from their cultural treasures and artifacts such as prized blankets and other items that were redistributed and have become collectibles for

private persons or institutions. One kind of colonialism in the communal consciousness is exhibited in the dismay and suspicion towards researchers and the peculiarly persisting scientific interest and efforts to scientifically exploit Indigenous populations and cultures over two centuries by the social and natural sciences falling into a string of another form of institutional abuse. In the community many recalled how Indigenous populations were in the past for example subjected to unauthorized medical research and one participant recalled herself been part of such research. Several community members had participated in social research just recently while lamenting that often researchers establish relationships in the community, exploit knowledge and contacts and then leave never to be seen thereafter while the communities are left empty handed and wrestling with various significant economic, political, social and health challenges.

Taking away opportunities for receiving and transmitting culture

Colonialisms have in many different fronts and by many means obstructed the practicing of Indigenous cultures with the obvious result as also taking away opportunities and obstructing the maintenance and intergenerational transmission of Indigenous cultures with impacts on general wellbeing, identity and health.

Apprehensions of land and forced removals, making many cultural and spiritual practices illegal coupled with the forced removal of children from their parents and communities are seen as some of the many violent ways to weaken and destroy tribal identities and cultures and an attempt to transform and assimilate generations of Indigenous populations into the White settler society. In community members views colonization and colonialisms took away the opportunity to learn and possess Indigenous healthy connections to land, identity, culture and language for subsequent generations.

T: So we do a lot of, family advocacy, and trying to keep families together, and if it's in a place where they're not in a healthy place to do that, we try to figure out how we can get them there, because that's, the most important is finding, especially in these urban settings, so many of us come from so many different nations, even from across in to the United States, that that sense of belonging has been severed, how many generations ago, that we've got people that are just, either denying their culture because they don't know, their they've been taught to fear it, or to hate themselves.

Colonization has introduced a “suffocating and stifling” of Indigenous cultures and identities by removing children from sites of culture of which the residential school system and child apprehensions have played a major part in the 20th century. The mandatory residential school system was an enclosed institutional environment where children spent 10 months of the year. Residential school environments introduced

children with an institutional experience of symbolic cultural and bodily transformation through new haircuts and clothing, new identities, foreign foods, a new language, new spirituality, new gender roles, new values, new forms of education, discipline, morals and structures of daily life. A common intergenerational experience for community members is how the forced removal to residential schools not only introduced children to an abusive environment but took away opportunities to learn and inherit elements from their ancestral cultures.

Stigmatizing and assimilating the Indian with residential school, forced adoptions and apprehensions

The *system* attempted to erase *Indianness* itself, transforms and assimilate Indigenous populations by devaluing Indigenous forms of parenting and education and introducing strict laws, and policy, institutional practices such as the residential school system to install the government as cultivators and educators of new generations. The 1960s Scoops phase employed a practice of apprehending and removing or “scooping” children from their families and communities deemed unfit for rearing children. This approach of assessing families and communities through middle class Euro-Canadian morals and values and countering social problems in families and communities via apprehension of children has continued into the 21st century dubbed as the Millennial Scoops. The policies and approaches have lead to placing a significant amount of children of the Indigenous population in institutional care or adopted out to White Euro-Canadian families instead of employing and funding other strategies that would allow families remain connected and together and children in their native communities. The objective of assimilation as a superior motive seemed to justify the many experiences of institutional, emotional and physical abuse that children, families and communities endured in the past in the residential school system. Collective memories among community members recall that in residential schools, children were punished not only for practicing and displaying of tribal culture but for just being *Indian* itself. It has seemed so for community members, that just being *Indian* justified the constant denigration and insults, being called heathens and savages to further stigmatize the ancestral identity within. The stigmatized Indian identity allowed for the emotional and physical abuse of children and leaving children vulnerable to sexual exploitation through neglects of safety and rights to safe growth environments, to proper care,

nourishment and health care, conditions children had to suffer from and endure as they attended residential schools. One commonly held memory of residential schools in community narratives was how they prohibited the use of Indigenous languages. Children were forbidden to speak their native languages and known to be punished physically and emotionally if they did so in various dehumanizing ways such as by beatings and strappings, sticking needles in tongues, washing mouths with soap, public humiliation or withholding food. Community members spoke of how their ancestors, past generations have had to suffer these abuses and those that had attended themselves recalled having to endure such stigmatization and abuse.

N: ...How ingenious and how evil it was. So in this genocide, in residential schools, when they say they took away our language, what they don't say is little tiny children, you know going into this place and not knowing what's going on, and where's my mom, where's my mom, saying it in native language and then getting yelled at, smacked, needles stuck in tongues, soap washed out in the mouth. You know they don't say the reality, no one can really explain that unless you experienced it. But its important for people to understand that reality. So the government did a good job with our People.

The stigmatized non-credible identity of Indian lead to accounts and reports of abuses voiced by children, parents, former students and communities being disregarded or deemed as erroneous or untrue. The collective memory of abuse and its impacts draws on personal and family memories and experiences, but also from shared collective memories of enduring and suffering experienced by ancestral communities and ancestors as well as the Indigenous population as a whole.

Denigrating Indigenous spirituality and culture with Christianity and the values and culture of the settler society

Residential school experiences also included denigrating forms of Indigenous spirituality and stigmatizing Indigenous children as heathen while introducing their own “Whitened” Christianity as the socially acceptable and correct form of spirituality. One example voiced of the institutional racism exhibited by the settler society in general is the way in which White society has “whitewashed” and appropriated even Christianity itself.

N: I've learned to really accept spirituality where as the forced upon feeling was that that's heathen its not good its bad..you have to believe in Jesus and God..I've learned to find a medium where... 'cause sometimes I'll say please god...you know..it just comes out of my... I don't know where it comes from..It used to kinda piss me off..you know..it pissed me off..but I've learned to experience that that's okay..We're all ..its all the same person we call in different names..it doesn't matter that the picture of Jesus is White when obviously he wasn't White you know..

An altogether general experience for former residential school students and the collective memories and knowledges in the community through shared stories among family and community members is that Residential Schools engaged in a general effort

to ascribe Indianness as savage and heathen and erase all that represented Indigenous identities and cultures. Residential schools engaged in an effort to instill into children's minds a disposition to devalue and disrespect their cultures, spirituality, values, languages and practices of their parents and home communities as "evil" and introduce new "teachings" that observed the spirituality and values of the White settler society.

D:...And, one of my biggest reasons why I share a culture, and I love to share it with families is because, my father went to residential school. So in my in our immediate family, my siblings and I are the first ones in our family that never attended residential school. So my father, because of his teachings, he was removed from his home when he was four years old and sent to residential school. And he was raised to believe that our culture was evil, that it was demonic and that it would cause more harm to our lives than good. So, all of my life growing up in our community I wasn't allowed to participate in language classes, I wasn't allowed to participate in learning our songs and dances.

3.7 Genocides

One central concept employed by community members to describe the colonized perspective, experiences and impacts of colonization in terms of health is the concept of *genocides* where the government's policies and practices are seen as engaging in deliberate efforts to emaciate and annihilate Indigenous peoples distinctive presence. Collective memories of destructive and lethal epidemics introduced by colonization that killed vast amounts of people such as the smallpox carried onto reservations purposefully by "White men" are but one of the experiences that community members see Indigenous peoples have had to endure. As concerted attacks aimed to annihilate Indigenous peoples, since the great epidemics these genocides have continued in the form of practices and policies of the settler society that in many means have attempted to not only overpower and weaken but to diminish Indigenous populations. These genocides are comprised not only of virgin soil epidemics intentionally spread by administrators and colonists or the neglects of attending to the wellbeing and health of children in residential schools, poor grade health services and neglects of funding needs on reservations but genocide constitutes a much broader collection of undertakings by the federal government and settler society with its attempts to destroy Indigenous culture and to break the very spirit of Indigenous people through subjugation and inhumane assimilation policies. These policies and practices have participated in inciting intergenerational cycles of illness and suffering that as a form of genocide continues in Indigenous communities. Genocides continue as federal governments continue to fail in their responses and funding in addressing cycles of illness and suffering, in addressing the prevalence of suicides and substance abuse, addressing

public health threats, addressing the issue of missing and murdered women, addressing inequalities in terms mental and physical health, poor infrastructures, lack of housing and other social and economic inequalities that persist and contribute to poor health, suffering and premature deaths in Indigenous communities intergenerationally.

K: Like if you look at Lysol and alcohol and drugs r..when I brought forth a study that I done on my own my own they called them the 13 deaths, I listed them all on the board and then I gave the cause of what they died from, all 13 deaths that were recorded in 1980-81 they're all alcohol related deaths, whether it be heart attack or umm.. child neglect, everyone on my list that had died was in some way or the another related to alcohol.. so we had to do something ..we're desperate, like our reserve was only 275 people at the time and 13 deaths in one year were gonna be gone in no time.. so there's a lot of what is it, genocide that is happening, and so when even going down town in Vancouver..

B: Your talking about the east side?

K: Fentanyl...When I look at the influx that people ye know that's coming in here and the homeless people, they're not doing anything for the homeless people. And they're dying left and right and they're dying from the result of fentanyl.

3.8 Conclusion

For community members, colonization and colonialisms represent a shared experience of continuous negative processes introduced by European migrations in the form of new political and social structures and orders, values, morals, disciplines, cultures and spiritualities, modes of subsistence, and identities, which have had overall negative consequences for Indigenous populations' health. Colonization and colonialist policies have subjugated and attempted to transform the once healthy and self-reliant Indigenous communities on many fronts with the aid of a colonial power structure, a system. Colonization and colonialist policies carried out by the pre- and post-confederate Canadian governments have strived to weaken, exploit, and control Indigenous populations through laws and policies of land and resource apprehensions, enclosures, and legal and institutional control and supervision on the basis on a new stigmatized identity that Europeans introduced upon first contact and perpetuated thereafter. Efforts to transform Indigenous populations, cultures, and identities into an image of the White settler populations to fit their subsistence and economic system have been performed through legal and institutional means and measures of assimilation, which have rested on notions of devalued, stigmatized Indigenous cultures, spirituality, lifestyles, and identities and on making them illegal and shameful. Colonization and colonialisms have introduced many ways in which the maintenance and transmission of healthy Indigenous cultures, identities, and languages have been obstructed. One element of the continuity of colonial and postcolonial governments' laws, policies, and practices is that they have engaged in efforts of genocide to destroy Indigenous cultures, identities, and bodies both covertly and directly. According to community experiences, when the new

White settler Canadian social order was established, Indigenous People came to suffer from poor health and became marginalized into the lower strata of the social class system or even into an abject existence pushed outside to the margins of society while continuing to experience neglect, mistreatment, and abuse by *the system* and wider society.

4 Experiences in *the system*, narratives of residential school and the 60s Scoops

This following chapter attempts to highlight community member's experiences in "*the system*", within two institutionally established environments that were most prominent and common in community member's narratives and discourses. These are the aforementioned Indian Residential School system and the apprehension and adoption practices dubbed as the 60s Scoops and the Millennial Scoops, of which several interviewees had experiences in. The purpose of this chapter is to highlight community experiences of how they perceived they were treated and operated upon, what kind of experiences they suffered and how experiences have contributed to meanings and experiences of illness, health and aspirations of healing. I will first present a more thorough history of each institution and institutional practice after which a reading of community member's experiences in terms of illness and health is presented. In the first chapter on the Indian Residential School system, I explain and utilize Goffman's (1969) concept of *total institutions* to highlight former students experiences and to suggest that residential schools did operate very much as total institutions.

4.1 Indian Residential School and the illness experience

As Canada gained its independence in 1867 politicians and civil servants envisioned the future of the nation as one founded on Franco-British Euro-Canadian ideals of settlement, agriculture, manufacturing, lawfulness, civilization and Christianity, where Indigenous cultures, identities and skills played no part (Day, 2000; Milloy, 2017). Herring, Waldrum and Young (2006, pp. 13–14) outline how the newly formed state adopted a sweeping policy of assimilation targeting children through education aiming to tackle what was seen as the "*Indian problem*", an Indigenous population as a dangerous mass with financial burdens to the newly formed state. To lower costs

several denominations of churches were awarded the task and in the 1880s the Indian Residential School system was established that would continue well into the late 20th century (Herring et al., 2006).

Pre-confederate discourses of Indigenous savagery and indolence and the need for civilization merged with the political objectives of the new state that was to continue with the educational policy until “there is no single Indian in Canada that has not been absorbed into the body politic” (Milloy, 2017). To prevent irregularities of attendance enrollment to day schools, industrial or boarding schools were made compulsory for 10 months in the year (Milloy, 2017). Residential schools in North America emerged as a more controlled and preferred environment for the education of Indigenous children, away from the harmful influences of their parents that allowed them to “do as they please” (Berkhofer, 1965). Carney (1995, pp. 25–26) underlines how moral and religious training took precedence over technical and academic studies that were emphasized with work ethics, frugality, punctuality, regularity, cleanliness and discipline. Children were given English names or identification numbers, traditional clothing was replaced with uniforms, intermingling of the sexes was prevented and children participated in the defraying of costs for their upkeep by regular participation in domestic work (Carney, 1995; The Truth and Reconciliation Commission of Canada [TRC], 2015b, pp. 17–19). Unqualified teaching staff and poor quality education along with high death rates in school due to infections such as tuberculosis, plagued the residential school system in the first half of the 20th century (TRC, 2015a).

Underfunding, decaying unsafe facilities, poor quality food, lack of medical staff and poor hygiene practices such as leaving sick children to mingle with the healthy resulted in fatality rates of approximately 30–40% (TRC, 2015b). Residential schools have been characterized as *total institutions* (Rand, 2011), a term introduced by Goffman (1969), to describe socio-political establishments such as sanitariums, army barracks, penitentiaries, convents and educational facilities, that as isolated environments operate outside from the rest of society. Goffman outlines features of total institutions including restricting contact to the outside world, subordination and having all life activities conducted at one place with a large batch of people according to a prearranged time schedule and where the various activities are designed in an overall manner to fulfill the final aims of the institution. The goal of total institutions is to re-socialize inmates through breaking down residents old identities and independence, by altering minds and bodies through similar clothing and haircuts, instilling correct behavior and subjecting

inmates to humiliation processes of punishments and mortification. Re-socialization is achieved by forcing inmates to conform to a same institutional rhythm and schedule and a new set of norms, that aspires in the end to build a different personality, a different version of the self. Residential schools displayed a lot of the features outlined by Goffman as they operated as educational systems, reformatories and in similarity with monastic cells where Christian and Canadian settler morals were to be instilled in the nation building efforts and formation of a Canadian body politic (Day, 2000, pp. 95–99). Residential schools may be considered as one central cite of institutional practice where experiences and memories contribute to notions of illness in the contemporary Indigenous community. In this section I draw attention to former residential school student's institutional experiences, how they were viewed, treated and worked upon and how these experiences have had impacts on their life courses and subsequent experiences of health. In this urban Indigenous community, four members had attended a residential school personally and all but one expressed having one or several family members that had attended residential school. Four interviewees describe themselves as *residential school survivors*, a term commonly invoked in the community. This section of this thesis also makes use of the Truth and Reconciliation Reports and it's witness accounts. The reports are product of state wide efforts lead by the Truth and Reconciliation Commission of Canada tasked at recovering and revealing past wrongdoings of the government towards Indigenous People in terms of the Indian Residential School system with objectives of reconciliation and restorative justice (TRC, 2015a).

Techniques of removal and the operation of a total institution

Techniques for the removal of children from homes and communities and enforcing attendance in residential schools were carried out by the RCMP, Indian Agents and the priests and staff from the residential schools often by warning parents of negative economic outcomes, using outright extortion and the possibility of legal-judicial repercussions if parents resisted in releasing their children. The Truth and Reconciliation Report's survivor stories document the rounding up of children like cattle in remote communities and packing of children onto means of transportation such as trains, trucks and airplanes often without proper care or supervision. Often without consent they would essentially kidnap children that were not aware of what was

happening, with parents not being able to resist or see off their children (TRC, 2015d, pp. 23–30). Mandatory attendance coupled with poor conditions due to underfunding and an abusive environment would lead to children running away from residential school and placing them selves in risk of injury or even death (TRC, 2015c, pp. 336–354). Karl recalls being taken from the care of his grandmother and having to attend residential school from the age of 10 to the age of 14 in the early 1960s. Suffering from sexual and physical abuse by staff and seeing no alternative Karl ran away from residential school ending up home. He didn't believe he would be sent back as reports of abuses were already circulating and he recalls how his parents and guardians were pressured, as with many other families, to send him back:

*K: And when I ran away that's when I found out, when I ran away, I ran away and I ended up home, and the first there was two people, there was an RCMP officer, the guy from Indian affairs and a priest. The first one to talk was the Indian affairs guy, looked at my grandmother and said we can't give money for this boys living... he's gonna have to live off from your... pension, so I didn't want her to support me on her pension, the next one that talked was the RCMP officer, he looked at my dad directly and he said if this boy is staying here were gonna have to throw you in jail, and that's a lot
B: yeah, and you were fourteen then
K: yeah, so all I can.. I ended up going back..So, when I ran away next time, I didn't just run away from the residential school I ran away from home too.*

Paul, attending Residential School in the 1960s as well in a different location, recalls running away and hiding in the bushes not even daring to seek refuge from his grandparents as they would be compelled to send him back to residential school.

Runaway students would be actively sought and returned to the school, as Paul recalls:

P: ..I hid in the bushes there, yeah.. I could hear them go by..and I just stayed there and soon they were gone and I..I didn't know what to do..so..this was the third day..and so I end up walking into town and you know I was trying to find some elders, granny..and all of a sudden this car comes flying up in front of me and all these priests jumped out and grabbed me (B: oh my gosh) yeah..Okay we got you, your going back..so they put me in the back seat, back to residential school..

In this respect the residential school system maintained by clergy, and enforced by law, policy, police, along with the Department of Indian Affairs that was responsible for the wellbeing of Indigenous children, was not only a total institution as described by Goffman but a total institution in a much broader sense as it was inescapably supported by multiple levels of binding and enforcing laws and social and political structures. Students were taken in at a tender age to ensure successful assimilation, some even reported as toddlers, confirmable as early as 4 years old. Paul recalls spending his entire childhood and essentially growing up in residential school. All of the four interviewees now in their 60s also had a family history of intergenerational attendance in residential school going back three generations.

The institutional experience, isolated environments and techniques of transformation

As an isolated institutional environment, residential school was, for its former students Karl, Paul, and Natalie and Ben, an experiential environment more reminiscent of “living hell” than school, as Paul expressed it. Late 19th century policy had already acknowledged the better “success” of secluded residential schools, where children were purposefully removed far away from their home communities to ensure attendance, and remote locations in general exposed schools to less frequent inspection (TRC, 2015b). For example in this study three of the former students attended Kuper Island Residential School that was located on one of two small islands off the coast of British Columbia only accessed by a closely monitored ferry or a rowing boat over a body of deep water with a dangerous current. The isolation of the island efficiently isolated children from accessing any help from the nearby town on the other island without risking themselves drowned as others had before.

P: Yeah so they didn't ..they didn't really put.. 'cause Kuper Island was on an island eh..like it was out in an island..here's Vancouver island here [draws] in between from Kuper Island to Vancouver Island there's a little town here called Chimines they had a hospital there and its rare they would send anybody of the students of the residential school to the hospital..even though it was something serious they would never send them to the hospital..they would send them to the infirmary (B: Oh, yeah) yeah (B: so they didn't make use of that, at all) well yeah 'cause they didn't want the students to tell the doctors what happened, tell the nurses what happened.

Lack of the supervision of residential schools by government bodies allowed low standards of care with violent disciplinary techniques, sexual abuses and cover-ups to go on, as the whole staff was often complicit leaving children helpless, as there was no one they could tell. Paul, who attended residential school in the 1960s describes being fed “slop”, soup that was just bones and broth and having to eat porridge with sugar that was full of worms, forced to eat or either left starving at night while the staff, the priests and nuns “got all the good food”. Ben and Natalie recall as sister and brother, being parted and segregated in the same residential school not being allowed to talk or even touch each other thus being emotionally deprived both from the comfort of their parents as well as their siblings. Karl recalls all his siblings purposefully being broken up and sent to different residential schools. He recalls the children in Kamloops Residential School arranging themselves into gangs in order to survive the institutional environment. Paul, Karl and Ben recall sleeping quarters consisting of a large dormitory, each assigned into their own individual bed under the eyes of the supervisors. Ben remembers his institutional experience like this:

B: Uh..as a ..uh six year old I sat in my cot and I knew there isn't justice..I sat there and I contemplated as a six year old the injustice that surrounded me..and that was uh..imposed upon me..

In the general experiences of former residential school students outlined in the Truth and Reconciliation Report, many likened their treatment to that of felons rather than students (TRC, 2015b). Institutional techniques in residential schools would include an initiation of bodily transformations and bringing about negative beliefs of the Indian *Self*¹³ instilled in children's minds from the moment they stepped in to the facility (TRC, 2015d). Children themselves and their parents, home communities and cultures were deemed as abject, backward and heathen (TRC, 2015d). It should be remembered that as residential schools participated in separating children from their parents, they were also separated from their siblings, their home lands and their cultures. Erasing markers of cultural identity was achieved by stripping children from their home clothing and cutting their hair which for many Indigenous cultures is associated as part of mourning traditions (TRC, 2015d). Children were given identification numbers or English names in place of their own names essentially aiming at removing all markers of their old identities from them once in the residential school (TRC, 2015d). The pleasurable effects for staff were to "watch the evil tendencies fade away and the nobler and better instincts to bring forth and blossom" (TRC, 2015b). Federal Residential school policy made clear children weren't allowed to use their mother tongue at school and this was enforced with the threat of being physically punished (TRC, 2015b). Disciplinary and coercive techniques inside the Kuper Island Residential School included domestic work and punishments through mortification. Natalie recalls the dynamics of how these disciplinary measures and mortifications have had impacts on her health in later life, as well as for members of the larger Indigenous community of former residential school students. For Natalie using toothbrushes as tools of mortification in residential school has lead to the aversion towards a toothbrush as an item that triggers negative memories:

N: To clean the bathrooms when we were punished or if we didn't do a good job take your toothbrush and clean the bathroom ..so..you know the toothbrush became a..not a positive instrument you know. And so it wasn't like oh I'm not gonna use it because, it was just "just do it later", it was very casual ..like oh...So you see a lot of our People ..in every school that happened..so a lot of our People have dental issues..there are full dentures..where as I have mine..you know..yeah.

Natalie and other members in the community recall how along with normal class room education children were instilled with a conception and an identity of chronic deficiency. It has had subsequent impacts on her health in the form of life long

¹³ On the concept of *Self* see Schalk (2011).

challenges with mental health issues, low self-esteem and an internalized sense of inferiority:

N: ...As a residential school survivor, you learn is not what you did right but what you did wrong, its what you did right, shine the whole floor but that one little speck you have to do the whole floor all over again..so even if I like you know work out, I used to work out every day, exercise everyday, it became not enough you know its what am I not doing, you know so its stuck in our heads what we did wrong or what someone else did wrong so really retraining myself through therapy and counseling and accepting my spirituality, its through counseling that told me that you know what you were taught doesn't reflect who you are, you know you're a good mom, that was a big stressor, and.. you know I got..I got..my body got sick 'cause I overworked myself and..

Occupying the savage slot

All of those interviewed that attended residential school and those recounting family member's experiences spoke of staff, mostly priests and nuns, teaching children negative things about themselves, their cultures and spiritualities as being "devil worshippers", "evil and demonic" and the children as "the devil people" that will "never amount to anything" left remembering the depths of their treatment essentially as an experience of dehumanization.

P: ..and, but..to this day I could never forgive the White man for how they raped our children, beat our children, calling us devil people, calling us all negative things 'cause we're native Indian..they wanted us to be..like them they wanted us to be White ..they could never do it..wasn't..wasn't in us to be like them.. They're mean they don't like us talking our language, they don't like us talking about our culture, they don't like us talking about anything that we should be inheriting..and our ways of like and..our food..you know..things like that..they strictly forbidded us to talk about our language especially if some of us knew our language they were beaten to pulp..and so they would stop. They didn't want us talking our language. They hated our culture. They hated just Native Indians and they wanted us to be White and but it never worked!

Children were then not only verbally lead to believe themselves as inferior but placed in a position as objects of the staff, under the mercy of their will, an environment of meanings and hierarchy, essentially an abusive micro-culture. It was taken for granted that they could be objects of unhinged practices at will, to be physically punished, tested upon, raped and even killed and there would be no way out, no one to tell, no one to help. In the Canadian polity those stigmatizing attributes consisted in the end of anything *Indian* that did not confer with the natural citizenry of underlying Euro-Canadian ideals and what it meant to the fullest sense to be "human". But from how they were treated, many residential school survivors understood that the stigma they carried could not be lifted no matter how hard they worked, as Natalie recalls:

N: Residential school parenting was "WHAT'S WRONG WITH YOU? YOU CAN'T DO ANYTHING RIGHT!"

As Day has concluded (2000), the *Indian* was deemed as a problematic internal Other through a series of colonial policies spanning over several colonial administrations. By the end of the 19th century, the government concluded the need for the Indian to be assimilated into the Canadian nation state and the body politic and essentially in to the

European settler Self (Day, 2000). The ancient regime of early modernity in Europe had already viewed children as inferiors, subject to the discipline of their fathers, masters and sovereigns (Day, 2000; Merrick, 2007). In general, Indigenous parents were seen as negligent (Kelm, 1998). Especially unassimilated *Native*¹⁴ women were deemed as unsanitary, as ill equipped poor mothers with their influences corrupt, and their methods of discipline inadequate or altogether absent (Kelm, 1998, p. 61, TRC, 2015b). It is therefore no wonder, that an institutional penitentiary type educational scheme was adopted in which the markers of Indianness were to be removed effectively, completely and intergenerationally.

Institutional violence

Research participants indicated that in general residential schools were unsafe, hostile and violent environments where children were left to cope and fend themselves not only against staff but other students as well. Until 1953 residential schools did not have a policy on discipline mostly leaving school staff un-reigned (TRC, 2015c). The resistance of children, according to the Truth and Reconciliation Commissions Report, was often met with a regime of harsh discipline featuring religious exhortations to improve moral, withholding food and other privileges, corporeal punishments such as flogging, strapping, solitary confinement, punching, choking, being tied to ropes and made to run behind buggies or having children have their hair shaved off (TRC, 2015b, p. 517). Bed wetters were punished by whipping, spanking or with methods of mortification and public humiliation by staff, by name calling or having to carry their wet sheets over their heads (TRC, 2015b, p. 526). Nuns in one residential school, for example, humiliated young girls by forcing them to wear their blood soiled panties on their heads (Anderson, 2000, p. 76). After a policy had been established corporeal punishment remained using strapping administered on the palms (TRC, 2015c, p. 382). As Goffman notes, there is often a notion of *stigma* that is assigned within a group of people with an intolerable difference and the underlying theory of their inferiority is that they are thought of as not quite human (Goffman, 1963). It is with often these mentioned undertakings adopted by residential school staff that the stigma children carried was to be corrected. During an interview Karl asks me if I like apples? He goes on by explaining that he can't eat apples because of memories of being beaten almost to

¹⁴ See First Nations Studies Program (2009)

death after eating apples from the school's orchard because of chronic hunger. Karl explains he has attempted to unsuccessfully persuade his inner child to move past the trauma associated with apples, to accept what happened, but to this day he cannot eat apples no matter how hard he tries or even watch anyone else enjoy them. In residential school hunger and poor quality food was an everyday experience. Karl recalls they were forced to eat porridge and sour spoiled milk with the threat of more beatings while the smell of bacon, fried eggs and potatoes revealed what priests and staff were eating as children walked by their dining room. There were never second helpings for children who had to supplement their meals with foods brought by visitors, stealing from the kitchen and neighboring gardens, fishing and foraging from the forest, foods that they would cook over open fire on the weekends. Paul recalls him self and witnessing other children being punished by strapping, and his interpretation of the staff's motives and methods of discipline was one of seeking a response of humiliation and submission, through fear and pain. He describes the emotions, terror and confusion and also resistance among students and how those memories still haunt him emotionally as a man in his 60s:

P: ...there was this one guy named xxxx.. and ..he never bothered nobody he was okay person..Forgot what he done wrong but anyway they called it ..they called the priest called everybody around and had him kneel down in front of him and he had to hold out his hands like this..and he didn't strap him here he strapped him here right [shows the inner side of wrists] so he was just wailing on his wrist here and he never moved , he never made a sound he never blinked or nothing..he just..he just kept his hands out and then it started bleeding..blood everywhere (B: oh gosh..mm) he still didn't make a sound and the priest was getting tired he was sweating and..he stopped on his own. He wanted to hear him scream and yell, beg for mercy whatever..but he never did.. never made a sound and were all in.. you know were all in shock.. 'cause all this blood was everywhere..and... he was getting strapped practically for nothing..yeah so things like that when you see somebody like for years or something you see them..that's the first thing you think, or remember.. yeah..but uh..(B: gives you like a bad feeling?) Yeah! Yeah! Like really!

Part of the general experience of the residential school abuses nationally was the experience of abusive neglect, where children would not get proper health care even when they were very sick (Milloy, 2017). Paul, who attended Kuper Island Residential School in the 1950s and 1960s describes onsite medical care as one that engaged in the conspiracy of covering up incidents of abuse. He recalls the experience as being under the total control mercy of the priests and nuns running Kuper Island Residential School both in punishment and in restriction to adequate medical care for injuries caused by the abuse of the staff itself:

*P: Oh I dunno they yelled at us they said don't ever move your hand if you move your hand once, then you're gonna get like ten more so we didn't dare move our hands..yeah..I had a bit of blood coming out from this one here [shows hand with a scar 4–5cm] and you can see a little scar there and from being..they use those the tire..like the tire they would cut the tires, they would use that for strap eh.. yeah..and so.they didn't they didn't call or see if I needed stitches or anything (B: It looks like that would have needed stitches).. yeah..but they just wrapped it just wrapped it with cloth..and just a safety pin
B: yeah it looks like its like 5 centimeters (P: yeah..).Of course it must have been longer [when a fresh wound]
P: Oh it hurt hurt for days, days and days..and there's nobody we can tell 'cause..nobody we can ..you know..get help..then..yep..what they call the infirmary and they send them to the infirmary..and all they did was just wrap cloth around his wrist..they didn't put know medication or see if he needed stitches or anything, yeah..just wrap cloth around..yeah and so...my*

incident one incident I had to go to the infirmary 'cause the nuns.. the nuns were also mean..they were yanking you by the ears..they wanted something or the cracked answer or something..math question or whatever and if you didn't get the right answer you know they would yank you by the ears..and this one..uhhm..nun..she would always be yanking everybody around by the ears..and my ear started bleeding..so I went to the priest..brothers there and I said cheeze my ears really hurting by the nuns always yanking you around by the ears..now there's blood just coming out of my ears they said okay go to the infirmary..you got a cold..I go no its not a cold its from the nuns yanking yer..and they called it the cold!

In addition to being taken from their communities into institutions subjected to humiliating and violent coercive techniques of discipline residential schools carried another secret hidden from the wider public, the rampant occurrence of sexual abuse within the confines of residential schools. It should be noted that the clerical sexual abuse of minors within religious institutions, especially the oldest one of them being the Catholic Church, is suggested as old as Christianity itself. (Dale & Alpert, 2007; Doyle, 2017; Frawley & O'Dea, 2004; Isely, 1997; Rashid & Bannon, 2018; Scheper-Hughes & Devine, 2003). Residential schools, that were denominational, were run by the Anglican, Methodist, Presbyterian and Roman Catholic churches that considered the schools part of their overall missionary work (TRC, 2015b, p. 30; TRC, 2015c, p. 60). Institutional environments have been studied in general as having a higher incidence of sexual abuse (Gallagher 2000). Crossmaker (1991) has also noted that persons that are subjected to discrimination or demeaning attitudes are more vulnerable to sexual abuse. Child sexual abuse has been a significant part of the collective traumatizing residential school experience reported by abuse survivors (TRC, 2015b,c,d,e). In this study of ten interviewed participants six expressed either having been sexually abused themselves or/and having a parent, siblings and/or another student that had been sexually abused in residential school. Both boys and girls, pre-teenage and teenage children were sexually abused by both men and women such as priests and nuns as well as medical professionals on site. Understandably the abuse has had profound negative impacts on community members life paths and health along with the other abuses experienced in residential school. Paul describes the total institutional experience as one that enabled abuses and how other children while not abused repeatedly endured the horror of having to bear witness to abuse. In Kuper Island Residential School at times, there remained no other way to escape abuse for children but to take their own lives:

P: Oh yeah, well..you know..I was just a little guy..when I first went there..and..at night the priests and brothers would come into the dorm..with flashlights and they go to their very favoured student..what ever you wanna call him..and they would just grab them and drag them in their room and they would rape them in their room eh..? You could hear them crying..and..they would tell them not to tell anyone..uh..we..we knew what was going on..w..who we're going to tell? Tried to tell our parents and tried to tell our grandparents but they refused to believe it sounded so horrifying eh? And.. and that went on for years..and this one guy..he was now and intermediate..like he was in his..uh..early teens now..mid teens..anyway he got tired of being raped all the time so he went..and got a rope and..he went to the gym and he hung himself in the gym. Yeah..he was....he was in a marching band, so we're practicing and..we noticed he was missing..so everybody went looking everywhere..the only place nobody checked was the gym..I dunno why..and uh.. It was late at night..the police got there and they woke up they came they wake us up and they put us all in a line and they marched us up to the gym where he was hanged we..they wanted us to view him for whatever reason (B: the police?) his body hanging there..he was just (B: you don't know why they would do that?) Yeah..he was just really black eh..like really

black..I guess you couldn't really tell whether it was him..Oh so we were horrified for days and days and days and days after that ..that was scary to go to sleep.. The priest told the police that..they didn't tell them the truth..and we didn't dare say a word.. 'cause we we're little guys..and ..they told them the police that he was..he was really upset..really hurt..angry with his parents 'cause they broke up. Thats what they told the police. The police believed 'em. But it was because he was tired of getting raped. That was the real reason.

It can be acknowledged that Residential Schools were total institutions in many ways for children that effectively enabled the subjection and control of students including objectification also for sexual exploitation. One essential recurring aspect again in the case of sexual abuse, along with the objectification, humiliation, instilled sense of shame, and the following hopelessness and destitution, was the children's experience that they would have no one who believed them, a sense of no outlet to bring forth to authorities the abuses they were enduring. It became commonplace for children to either run away or resort to the final extreme solution, their only way out from the everyday experience of institutional abuse.

P: Yeah..there was a lotta suicides in Duncan..that 66-67..like literally dozens..of uh.. students that were committing suicide..I went to school with all of them..

B: Like on their summer break or..after they got released?

P: Yeah, yeah

B: On the summer break?

P: Yeah some of them shot their brains out. Most of them hung them self, some of them drowned them self..yeah..I knew everyone of them! Everyone of them!..Dozens! Yeah a lot of them were good soccer players or smart in school, yeah I ..there so ashamed what they went through..being raped..and..you know being told that we were good for nothing..savages. It was all negative things..constant..day in and day out..yeah so..yeah I felt really bad for this one family 'cause they..this one whole family!..I..they were last name..was xxxx..They were really good people..smart..they all hung them selves (B: All the sisters and brothers?) Yeah.. 'cause their sisters we're getting raped..they were real pretty..really pretty girls.. they were getting raped by the priests ..and the brother.. their boys the same thing..their all getting raped..night after night after night after night. They couldn't take it anymore..Shame..Yeah so they hung themself or shot their brains out..We hear about it..we always have to ask uh.. who was it..oh okay..who we knew..And it made national news! That it was going on every day and they started to do some internal investigation why this was going on ..thats why they shut the schools down the truth finally came out!

What seems characteristic from interviewee accounts and the Truth and Reconciliation Reports is a refusal to believe accusations directed at these operations run by religious denominations. While discrediting children's accounts concerns about possible abuses resulted in a slow and ineffective response or a neglect to respond altogether to abuses that took place in residential schools. One must remember that the residential school system persisted over several generations and troubling conditions were a persistent problem over the entire course of it's history. Interviewee's experiences were varied. In two cases neither authorities nor their caretakers would believe or just failed to respond to their accounts of abuses forcing runaways back to school. In two cases the parent had to leave the country in order to escape the mandatory residential school in order protect their children. It should be noted that most children's parents had themselves also attended residential schools and encountered similar abuses making abuse itself a common place experience. Interviewee's narratives speak of this failure to respond to children's distress leading to conditions where not only rampant abuses but also cover-

ups took place. While the Truth and Reconciliation Reports mention occasionally young female students becoming pregnant by co-students and personnel there are no mentions of forced abortions, infanticide and disposal of evidence. MacDonald (2019, pp. 139–141) has noted forced abortions along with forced sterilizations have been a frequent subject of recollections that circulate among residential school survivors. Two interviewees that attended Kuper Island and Kamloops Residential Schools had some knowledge and recollection of incidents and cover-ups that followed unwanted pregnancies resulting from institutional abuse. Karl, whom attended Kamloops Residential School, remembered hearing from a friend that attended the same school that during a septic tank renovation in the school years later tiny remains of bodies perhaps fetuses were found in the septic field. Paul, who attended Kuper Island Residential School had more affirmative recollections:

P: Lotta girls got pregnant and they would..they would do..they would wrap their babies..they would some how get em out before they were born..they would wrap some cloth and..they had a big incinerator on the boys side at the end of the soccer field, and they would just chuck the babies in there..wrapped in blankets and cloth whatever and throw em in the incinerator.(B: you mean the priests?) Babies yeah the one that weren't really born yet (B: The priest..the..the) The girls..(B: The..p..like the personnel would do that? Or the teachers and the nuns?) Yeah the priests..priest and nuns.. the priest used to knock up the girls eh (B: mm) Senior girls, intermediate girls..and before they were born they would somehow take em out (B: mm) and then wrap them and then they would throw them in the incinerator.

This account indicates that in the micro-culture of meanings inside the residential children were not only stigmatized, dehumanized and objectified under the total control of staff, but implies young girls were subjected to dangerous unsupervised medical procedures and the objective evidence from acts of abuse, the fetuses destroyed.

4.2 “Residential school trauma”, impacts on health

The impacts of residential school on mental health has been well documented and *residential school syndrome* has been suggested as a sub-type of post-traumatic stress disorder that also includes cultural impacts, tendencies for substance abuse and violent outbursts of anger (Brasfield, 2001). For community members that attended residential school in this study, the residential school experience has had many impacts on mental and physical health. Former students trace illnesses like depression, substance abuse, anxiety, post-traumatic stress syndrome, body pains, and neurological and autoimmune diseases as the impacts of residential abuse. These are illnesses that former students interviewed now all in their 60s continue to struggle with. For former residential school students, the painful incidents of the past taking place over five decades ago occasionally resurface as negative self-perceptions, negative emotions and sensations

and painful memories of the past. This entails elements, incidents and conditions of the present that serve as *stressors* and *triggers* leading to re-experiencing the past both mentally and physically as flashbacks of incidents, emotions and bodily sensations that have made it harder for former students to move past painful memories and heal. Former students narrated how the experiences of abuse and the accompanying confusion and questions regarding why these incidents took place, emotions of fear, anxiety, shock, helplessness and anger have become embodied in the present illness experience in the form of disease and experiences of distress with emotional and bodily symptoms. Memories of abuse are displayed in relationships to food, in the ways in how former students attend to health, in survivor identities and in continuing re-lived memories of past violences and suffering. Karl, a former residential school student who suffered from mental physical and sexual abuse in school, recalls depression, suicidal thoughts and chronic anxiety being triggered by a gallbladder operation that with no other medical explanation left him unable to walk. He remembers how past memories of abuse resurfaced as getting “hit by depression” and “crashing”, triggered because of exposure to incidents that brought back the suppressed memories of residential school. Karl’s depression was introduced and exacerbated by being exposed to cases of suicides, deaths and domestic violence through work on his reservation as a social worker. For Karl depression is something he still suffers from persisting and continuing with better times and worse debilitating phases that have come in the wake of the deaths of family members and other challenges within the family. For Karl memories of residential school abuses are accompanied with other past experiences of helplessness and distress, with memories from his childhood family where substance abuse and violence were everyday realities and memories of his parents suffering who were also former residential school students. Karl recalls the anguish he felt when *the system* forced him and his siblings to part in to different residential schools and child apprehensions that resulted in the disappearance of some of his siblings. The despair, when his mother committed suicide, is followed with disbelief when later many of his siblings committed suicide or died prematurely. These experiences coalesce with subsequent experiences of institutional mistreatments by the police, the justice system and social services personally and within the family. At an even more general level, memories of experiences of historical abuses suffered in Indigenous communities together form a life long and ongoing general experience of marginalization and being abused by the state, being abused by the “system”. Natalie recalls being abused by ten

people in residential school including a priest and a nun by the age 10. Her family had to escape the abuse by moving to another country. Once they came back to B.C., she experienced the institutional racism of society as even more pronounced. For Natalie these experiences of residential school coupled with stressors such as the continuing experiences of racism in contemporary society have taken a toll on both her mental and physical health. She acknowledges experiencing a lack of mental health for a great part of her life that has included suffering from and getting diagnosed in the conventional health care system with diseases such as depression, anxiety and post-traumatic stress disorder. Challenges such as falling ill with a severe autoimmune disease coupled with existing health challenges have further had negative impacts on her mental health and have contributed to a continuing experience of negative life challenges, suffering and trying to survive. For Natalie experiences of various abuses in residential school, including sexual abuse and the feelings of helplessness and terror when there was “no one coming to help”, no one to report the abuse as the abusers were the very adults in charge of children, have left her with an experience of “traumas”. The traumas are the experiences of a chronic physical tension, a sense of hyperawareness, hypervigilance, mistrust, resignation and subconsciously feeling as if her body has to always be ready for something. It has been a feeling of being “stuck in the stress”, having constantly trying to relax to cope with frequent anxiety. Natalie believes the emotional stressors, negative experiences and negative beliefs for her self and other former residential school students in Indigenous communities at large, can and have become internalized and embodied, so that they cause illnesses in the body in the form of physical diseases. For Natalie the stigmatizing negative perceptions nuns and priests instilled in children in residential school have lead to negative perceptions of the herself and behaviors and practices towards one self and one’s body with impacts on her experiences of health. The residential school “teachings” of “not [being] good enough”, that focused on the minutest faults rather than achievements, have lead to internalizing those negative perceptions and being overdemanding and overworking towards her self. Stigmatizing Indigenous spirituality as heathen has lead Natalie, and in her view community members as well, to experience low self-esteem, a sense of chronic insecurity and self-doubt. Isolation onto reserves, political subordination, stigmatizing and forbidding the practice and display of Indigenous cultures and identities have translated into a internalized perception of “you can’t”. It is a chronic experience of self-doubts and fears in displaying Indigenous cultural identity and an uneasiness in moving about and

living in contemporary society. It is a feeling of shame, even self-hate, and a general insecurity of identity and of what one can do and be in wider society. Residential school and society's perceptions have affected and regimented even the most sacred and personal by instilling insecurity as Indigenous people practice spirituality. Natalie believes these messages that residential school students were forced to believe have become an innate part of perception and thinking both collectively and personally, where it has required her to seek help from a therapist to help heal negative perceptions about her self. It has meant having to recognize how unreasonable the demands that were placed on children in residential school were, and that "sometimes what your doing is enough". For Paul, the abusive environment of residential school lead to suffering from heavy drinking. Drinking for Paul for a long time was the only way to deal with his residential school memories, a way to hide the painful memories from one self. The years of drinking lead him to losing jobs, dissolution of marriages and brought on a sense of displacement and a feeling of being constantly "sick and tired". Being sick and tired led Karl eventually to seek help in an Aboriginal alcohol treatment center. Alcohol abuse is a problem that Paul notes many former residential school students have suffered from as it has become a collective medicine to try to at least temporarily escape and forget or cope with painful residential school memories.

4.3 The 60s Scoops

The 60s Scoops are understood as a phase in government policy and welfare practices that entailed large scale child apprehensions and adopting out Indigenous children into Euro-Canadian families (Sinclair, 2007). The Scoops can be understood as another ethnocentric attempt initiated by the Canadian government to correct the perceived shortcomings of Indigenous motherhood, parentage and *Indianness* itself, as well as another ill-informed strategy to address problems and conditions of deprivation suffered in Indigenous communities. Having apprehension as a first in line approach to perceived insufficiencies of Indigenous parenting is perceived in academic literature as in the Indigenous community, as another colonially informed tacit attempt of assimilation. Its objectives have been to weed out qualities of Indianness deemed harmful for Canadian society, and engage in attempts to instill and cultivate qualities deemed beneficial for society at large. This outlined large scale policy of governmental foster care and adoption strategy that was at its peak from the 1960s to the 1980s, was

named as the 60's Scoops, referring to the social worker's wide practice of "scooping" babies from Indigenous families and communities (Johnston, 1981). As Fournier and Crey (1997) succinctly put it, social workers came on the heels of missionaries, priests and Indian Agents, convinced that the only salvation for *Indian* children would be their removal from their families and communities. In some communities child apprehensions resulted in generational removals of children, as in the Spalluchem community of British Columbia where the community of 400 members lost 80 of its children in the years of 1970–1980 (Sinha et al., 2011, p. 311). While benevolent sentiments entailed saving children from real neglects and abuses, crushing poverty, poor housing and living conditions on reserves they were also informed by and part of the Canadian policy, justice and welfare systems embedded firmly in Euro-Western ideals (McKenzie et al., 2016). The extension of provincial child welfare services and legislation to remote Indigenous communities also left communities open to judgment by social workers armed with an incongruent set of urban Euro-Canadian middle-class standards, norms, values and notions of ideals of family structure (McKenzie et al., 2016, p. 6; Sinha et al., 2011, p. 311; TRC, 2015c, p. 150). Some children were apprehended simply because they were children of single mothers, widowers or customarily cared by grandparents and extended family. Others were apprehended because their families were simply suffering from poverty while alternative support that would address structural conditions was inexistent or limited (TRC, 2015f, pp. 15–16). Implicit values coupled with frugal funding and policy structures that favored in-care placement, contributed to children being removed and separated from their communities and cultures to mostly non-Indigenous families and institutions. This resulted in often permanent and complete disconnections from ancestral communities and families with de facto assimilative effects (Armitage, 1995, p. 120). The child welfare system in practice paid attention to factors such as physical health, diet, housing and the absence of alcoholism, while issues of maintaining family connections, heritage, culture and ethnic identity were deemed unimportant (Armitage, 1995, p. 120). Disregard towards factors that produced such unsatisfactory living conditions was accompanied with another shortcoming that is the failure to perceive the troubling impacts that dislocations would have on apprehended children's sense of identity and wellbeing (Armitage, 1995, p. 133; Stevenson, 2015). Indigenous cultures were often viewed unrespectfully and with distaste (Bagley, 1991, p. 74) while it was perceived that only the Canadian main stream culture and world was worth while living

(Armitage, 1995, p. 121). In the 1950s the United States piloted the Indian Adoption Project to encourage transracial adoption and in Canada a similar The Adopt Indian Métis pilot was initiated in 1967 (Fournier & Crey, 1997). Its goals were to cut costs, reduce burden from the foster care system, and to “equip all children to become as useful citizens as possible” (Fournier & Crey, 1997). To increase and create a demand for adoptable Indigenous children administrators engaged in a public imagery campaign of a benevolent and humanitarian crisis and an effort to again “Solve the Indian problem” (Fournier & Crey, 1997). Children were marketed and advertised in radio, television and newspaper ads as in need of the care and adoption of White Christian families (Fournier & Crey, 1997; Stevenson, 2015). Especially for Indigenous children adopted by even loving White parents, an environment of implicit or explicit biased attitudes to visibly different looking children without adequate support often left children with a sense of identity confusion, low self-esteem, depression, suicidal ideation, “acting out” and more frequent breakdown of the adoption (Armitage, 1995; Bagley, 1991, pp. 67–71; Fowler, 2018; MacKenzie et al. 2016, p.7; TRC, 2015f, p. 15). Stevenson (2015) has concluded that Indigenous mothers and families reluctantly relinquished custody of their children despite extreme hardships and attempted to raise their children, or at least maintain some relationship to their children. Some children were taken in to foster homes for a modest stipend or for the opportunity to put the child to work on a household or farm (Fournier & Crey, 1997). The 60s Scoops, apprehensions and adoptions thereafter, and continuing fears of child apprehensions are a prominent theme in the past and present experiences of interviewees and the community at large. In this study eight of those interviewed had personal knowledge and interaction with either the 60’s Scoop era or contemporary child apprehension practices. Four of those individually interviewed had themselves been apprehended with siblings and two had subsequently been given up for adoption in the 1970s while one was taken to residential school. One remained with a sibling for a short time in foster care in the 1990s and was then removed to the care of a grandparent. One child was adopted to another province breaking virtually all contacts with parents, siblings and the ancestral community, while one child with his sibling remained in their home province maintaining contact with family.

Adoptions and apprehensions as events with conflicting implications for health

For interviewees with personal and familial experiences, apprehensions and adoptions have been traumatic events that have had defining effects on their lives and notions of one self with impacts on life paths and experiences of health. Memories of the apprehension itself, for those three that had been apprehended and placed in care away from family, was attended with mixed meanings and implications in terms of health. While apprehension and adoption away from parents who were not able to care for their children meant a more stable environment it also entailed a sense of loss, sorrow, abandonment and mourning following the disconnection. Relocation into new families and environments also imposed another set of influences, challenges and hardships that have contributed to life courses, identities and a sense of wellbeing and health. All of the three interviewees that were apprehended out of their communities and placed into non-Indigenous Christian White families spoke of their Indigenous cultural background or identity stigmatized. In all three cases biological parents or extended families had not released custody voluntarily but sought to resist and overturn apprehensions or at least maintain contact with their apprehended children. Of the three interviewed that had personally experienced apprehension and adoption Margaret and Adam were apprehended in the 1970s and are therefore part of the 60's Scoops while Peter has briefly been in foster care in the 90s and so part of what has been deemed as the Millennial Scoops. As discussed in the introductory section while child welfare workers, foster families and adoptive families aimed to provide the kinds of stable environments that children may have been lacking. such as a place to live, regular meals, healthcare and supervision, they did not necessarily consider important or facilitate connections to biological families, communities or culture. In fact influences and behaviors linked to Indigenous cultures were viewed with distaste and even hostility. Two of the apprehended children experienced physical, psychological and emotional abuse while one had experienced spiritual abuse by foster parents deeming Indigenous culture and spirituality as heathen. While being apprehended meant escaping, what one community member described as cycles of trauma, it has meant a disconnection from families and communities and an immersion in to an environment of new demands and influences, for all of those interviewed, an environment that has been more or less hostile to Indigenous identity and culture. For Adam and Margaret apprehension entailed being separated from their families, communities and culture

while becoming object to efforts in adoptive families to retrain children by introducing Christian religion and Euro-Canadian work ethics. All four interviewees were apprehended from their parents because of alcoholism and one in addition because of his parent's infectious disease. In terms of impacts on health all three apprehended interviewees suffered from conflicting feelings towards their parents displayed as anger, hurt, loss and disappointment, emotions that they have had to work with to understand their parent's conditions and challenges in order to heal themselves. Another source of distress, anger, anxiety, low self-esteem and conflicting troubled perceptions of identity has been how Indigenous culture and identity was viewed in families as shunned and inferior. For Adam, disconnection from family members and culture, has lead to efforts in adulthood to regain connections with his family, Indigenous community members and culture and moving into recovery from harmful substance abuse. Peter continues to struggle with anger, hurt, resentment and a sense of abandonment towards his biological parents as well as anger and rage towards his foster parent who was physically abusive. He engages in efforts to understand and forgive his parents in order to move on and heal while struggling with addiction and recurring efforts to regain control of his life and regain connections to his own children. Collectively many pointed to the problem of the scale and frequency by which Indigenous children continue to be separated from their families and communities, where apprehension into institutional environments is viewed as a long standing first line approach to challenges faced in Indigenous communities. The general experience has been, that administrators in the past have ignored the importance of family connections and would often break a family of siblings to different locations whether adoptive or foster families or facilities of institutional care. There is also a collective understanding that in many Euro-Canadian foster and adoptive families Indigenous children have suffered from a sense of displacement and forms of psychological, emotional, physical and even sexual abuse. Many families and communities are engaged in efforts to locate their children apprehended during the Scoops. Elderly parents search for their now adult children that disappeared as they were adopted out to Euro-Canadian families, while adult children that were raised in adoptive families search for their biological parents and siblings. Indigenous communities in general, are engaged in efforts to regain contact to children apprehended from communities in the past in efforts to bring back together the ancestral community and reintroduce lost children to ancestral community membership and

culture. I will now introduce one interviewee's experience of being part of the 60's Scoops and what kinds of impacts she sees in has had on her health.

Margaret

Margaret was first apprehended from her mother into emergency foster care as part of the 60's Scoops because as she recounts her mother had abandoned her along with siblings at a street corner. Margaret describes both of her parents as alcoholics and her mother as a 100% full First Nations woman whom as a product of an unhealthy reservation environment had struggled with alcoholism all her life to the dire end. Margaret's parent's attempted to regain custody, and she recalls her custody being awarded to her Euro-Canadian father, rare at that time. Her father ended up relinquishing custody after which Margaret was adopted by her foster family. In terms of health Margaret sees her apprehension with both positive and negative effects. Being apprehended from birth parents has meant not having to grow in an environment plagued with alcoholism and other health threats such as poorer access to healthcare services in an isolated community. Margaret suspects that if she had remained with her birthmother she would have probably struggled with the same health issues as her mother and would have also become a "product of the environment." She points to one of her siblings, who lives on their reservation community, as an example of being a product of her environment. That sibling suffers from Fetal Alcohol Spectrum Disorder (FASD) and alcoholism and has a child and a grandchild that also suffer from FASD. While she is what is referred to in the legal sense as *status Indian* and therefore enjoys certain benefits via her First Nations band, she has not been to her reservation since her apprehension and last spoke to her sister 20 years ago. While being apprehended and adopted meant that Margaret's basic needs such as food and lodging were attended to, the negative effects of being removed from her biological family and community into a White family and community has meant a loss of culture and having to suffer from shame and stigmatization of being First Nations. Margaret notes that First Nations People including her self have had to suffer from the negative cycle of the effects of colonization and colonial policies over many generations with broad negative effects on First Nations People's health. In her view, past histories have had impacts on her health personally as well as that of the Indigenous communities in several ways, through loss

of culture, assigning stigmatized identities, and by marginalizing Indigenous People onto the lower strata of society.

M: nobody should be ashamed of who they are and where they come from, but society has made it be that way that you are a second class citizen and how they've done that is by taking away our culture and then also separating us from the general population, and so, I've been affected by that even though I never lived on the reserve.. why we are the way we are because we're a race that has been lost..we..uh.. we..our death rate is lower than the whole population of Canada, our proportion in, people in jail is higher than everybody else..why..why is that..it's all part of the stigmatization, what has happened to us in the past..and it's a cycle, it's hard to break..

Margaret was adopted into an altogether different province that has effectively cut ties with her biological family and First Nations community. While she feels she would not have been cared for as well by her biological mother as with her adoptive family in terms of basic needs, there were other issues in the adoptive family that affected her health negatively such as the experience of being torn away from her culture and being shamed for being First Nations. In her adoptive family Margaret's connections to her mother's Indigenous community and culture were not kept up and her *Indian* identity was kept a secret, shunned and stigmatized. She describes her self as struggling with her identity and from where she came from and experiences of not fitting in, in either world. Margaret's experience was that of being singled out in her adoptive family she describes as being pasty white with white hair and blue eyes, from which she "stuck out like a sore thumb." While Margaret was formally cared for and fed, she describes the environment as strict and lacking emotional support. Margaret was adopted into a family of 10 as the youngest and she still remains unsure why she was adopted in the first place. Her conclusion has been that it was because the family needed the extra labor. She describes her childhood as not a real childhood because of all the work she had to do around the house. Especially her adoptive mother she describes as physically and emotionally abusive and while her neighbors and herself were courageous enough to report the abuse to *the system* in the end no change resulted to her situation. These incidents coupled with other mistreatments experienced in her adulthood have lead Margaret to have a general experience of being recurrently treated poorly by various government institutions. Being stigmatized in her adoptive family for being First Nations and discouraged from sharing her true identity in her social sphere and school lead Margaret to suffer from low self-esteem that in turn she thinks made her vulnerable to bullying at school. Because of the abusive and stigmatizing family environment, Margaret has suffered from mental health issues, low self-esteem and a sense of shame and has gone to psychotherapy in an effort to recover. For Margaret it continues to be challenging to be upfront about her First Nations ancestry because of the negative

perceptions her adoptive family instilled as well as those of wider society. As an adult she has had a challenging relationship with her adoptive mother resulting in temporary disconnections. She has attempted to dutifully uphold “civil” relations with her adoptive family partially because of the perceived benefit for her son. While Margaret notes that her health has suffered due to issues in her adoptive family, in terms of the cycles of illness in Indigenous communities she feels she has broken the cycle and will not have the same issues as her biological mother and other members in her biological family. It is only since she joined a pre-college program at an Aboriginal Friendship Centre that she was re-connected to First Nations cultures, and while not her own bands culture, this re-acquaintance along with a trusted Indigenous mentor allowed for her to see Indigenous identity and culture in a more positive light. She concludes her son will grow up proud of his race not having to suffer from health issues her biological family has.

4.4 Ripple effects, Karl’s story of family disruptions and breakdown

Most community members that were interviewed had experienced what can be referred to as a fragmentation or breakdown of their families because of policies of family separation taking place with either residential school or child apprehensions. Difficult experiences whether because of a history of residential school attendance in families, unstable families that suffered from poor mental and physical health and trauma, child apprehensions, poverty and the whole impacts of colonization in general have had disruptive impacts on health in Indigenous families and communities. As Karl explained it, residential school started *a ripple effect* of traumatic impacts that have reverberated through out Indigenous communities. They are expressed and exhibited intergenerationally in the form of mental and physical illnesses, substance abuse problems, suicides and premature deaths, and in the presence of mental, physical and sexual abuses taking place in many Indigenous communities. Karl had initially been placed with his older brother in the care of his grandmother prior to entering residential school because of his mother’s and stepfather’s substance abuse and violence. While Karl’s elderly grandmother could only care for the two, Karl subsequently had all his younger siblings apprehended and adopted out from reservation in the early 1960s. With the older siblings later attending residential schools at separate locations, the apprehensions and subsequent relocations of younger siblings all to different foster

families effectively and entirely broke up the family of 11 dispersing members to diverse locations. Apprehended younger siblings were all adopted into different Euro-Canadian families or relocated to residential schools and as Karl recalls, all were abused. For Karl residential school and Aboriginal child welfare policies and practices have had devastating implications for his and his family's health. Karl's mother, suffering from alcoholism and domestic abuse and "a residential school patient" herself, committed suicide at a fairly young age by jumping in front of a bus after losing all her children in apprehensions. Karl was only 14 years old at the time and in shock. He hitchhiked from residential school back home in order to attend his mother's funeral. Karl's older sister got kicked out of residential school in the early 60s and the same year she passed out on a highway inebriated and got run over by a car. When Karl was 14, he and his younger brother escaped residential school by crossing the border into the United States, where a community of other First Nations children helped them survive. He describes this phase in his life as jumping from a frying pan into the fire to describe the alcohol abuse and problematic behaviors in that community. The same year Karl's older brother committed suicide when he came to visit. Karl suspects probably because he had been sexually abused in residential school. Karl's younger brother, a 60's Scoops child, ran away from foster care and was taken in by Karl. Karl recalls him sniffing gas that he managed to help him give up. This same brother and his wife that didn't have substance abuse problems, seemed happy and were working stable jobs, committed suicide together 10 years ago on the same day. Karl does not know of any valid reasons why the couple ended their lives and he remembers the only note they left behind was "true love forever" written on the wall with blood. Karl's sisters were sent to different residential schools than their brothers and while one sister lives on reservation, another of his sisters ran away to another province as a child whom he hasn't seen for 50 years. Another apprehended sister of Karl's with whom the family only reconnected with later after locating her by chance, suffered from what Karl refers to as "abandonment issues." This sibling was taken to hospice care and an early grave in her 30s due to severe substance abuse. Karl remembers his worst depression was the year he lost five of his siblings at the end of the millennium, a time in his life he describes as "crazy." The last death he could not cope with anymore and out of fear of going "crazy" himself he checked himself into an Aboriginal treatment center. Now from a family of eleven siblings only four are left. Karl has only recently found out about and met some of his siblings that were adopted out in the 60s. One of Karl's

children, his first born was apprehended as a baby from their single parent and adopted by an Euro-Canadian family while Karl at the time was incarcerated. Karl only recently has been able to reconnect with his first born whom he has not yet met.

4.5 Conclusions

This section has attempted to highlight community illness experiences and meanings within *the system* of laws, policies and institutional practices applied by the Canadian government and as experienced by community members. It has focused attention to a field of generational and intergenerational experiences of colonization and colonialisms from which community members find coherence, continuity and meaning in building an understanding of how they have been exercised upon by the state and Canadian society. In community experiences residential schools are sites of institutional violence that have produced generations of students leaving schools with emotional and psychological wounds, troubled identities and incapacitated in many cultural and life skills that one would acquire in families to maintain a healthy life. Policies of child apprehensions and forced adoptions are seen as a continuation of the policies of assimilation in a metamorphosed form. Both residential schools and child apprehension policies are central in explaining contemporary social and health disparities and challenges, experiences and meanings of illness both personally and in communities in the form of generational and intergenerational traumas.

5 Trauma and intergenerational trauma

Trauma as defined by the American Psychological Association is described as “an emotional response to a terrible event like an accident, rape or natural disaster.”

Immediate emotional responses to trauma include shock and denial while long-term reactions include unpredictable emotions, depression, flashbacks, strained relationships and headaches or nausea. Trauma as a concept also has a history and genealogy of its own in European medical and legal discourses that has entailed connecting tragic events with impacts exhibited often as symptomologies that point to a wound of physical, mental, social or cultural kind (Sütterlin, 2020; Fassin & Rechtman, 2009). Erikson (1978) has pointed out that traumas can be either individual or collective, and while one can exist without the other it is common that trauma is shared and people experience both. The *language of trauma* has since migrated to encompass events and impacts in

entire communities and societies and has been applied to grasp and explain *collective traumas* after events as the psychological reactions of an entire community or society (Sütterlin, 2020; Hirschberger, 2018). Erikson (1978, p. 154) has defined collective trauma as “a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality.” Erikson notes that while trauma is often traced to a single shocking and destructive event it is possible to conceive traumas and traumatic events as more persistent or recurring events and forces in society contributing to more chronic forms of traumatization and re-traumatization. One of the ways in which trauma has been considered is how it participates in social discourses by allowing the recognition and social role for those suffering from tragic and violent events, a culturally and socially available position of victimhood while identifying the perpetrators, with an entitlement for sympathy, compensation and an entire politics of reparation (Fassin & Rechtman, 2009; Hirschberger, 2018). Saul (2014, pp. 4–5) observes that what often becomes part of the trauma itself is the way that those responsible for the hurtful events deny responsibility and evade expressions of regret and apology, while leaving the victims or victim communities as devalued and humiliated eroding social trust. Hirschberger (2018) alludes to how for the perpetrators equally enmeshed in the trauma, the collective trauma represents an identity threat to a desired positive identity and different strategies may be applied with attempts to close the door, hide away or reconstruct the uncomfortable chapters of history in a more palatable light. While traumatic events are often disruptive or destructive in terms of meaningful lives, social life, culture and identities, they also serve as fodder and participate in the creation and maintenance of meaning (Hirschberger, 2018). Collective memories of trauma are not only a recollection of historical facts but involve attempts to reconstruct the event as meaningful in terms of the post-traumatic present (Hirschberger, 2018). Trauma contributes to the establishment of new collective social identities, in establishing group cohesion, self-identity, self-continuity, direction and a meaningful existence and an understanding of relationships with the perpetrators in the social and cultural environment (Hirschberger, 2018). New world views and identities in the post-traumatic era of the community may persist for generations to come fostering trauma meanings established by passing down culturally derived “teachings” about a common threat. Victim groups indeed may continue to locate themselves in victimhood exhibited in vigilance, anxiety, aggressiveness and a chronic mistrust towards others that are deemed as the perpetrators (Hirschberger, 2018). Collective

traumatic memories persist beyond the individual memory as events that come to be remembered by the intergenerational group with each subsequent generation participating in shaping and altering the memory of the events from their own perspective (Hirschberger, 2018). Traumas therefore become embedded in the culture and social identity of the group itself. The concept of *intergenerational trauma* was initially presented in literature in the 1960s to identify and describe high rates of psychological distress among children of Holocaust survivors (DeAngelis, 2019). Intergenerational trauma and the notion of the transmission of trauma through generations has since then been applied to other cases of violence, war and traumatic community experiences (Baker & Gippenreiter, 1998; Campbell & Evans-Campbell, 2011; Daud, Skoglund, & Rydelius, 2005; Karenian et al., 2011; Sotero, 2006).

Historical trauma has been used in literature to refer to the impacts of traumatic events experienced by people who share an identity, affiliation or circumstance with a central emphasis on transgenerational effects spanning multiple generations (Mohatt et al., 2014). The trauma paradigm allows for understanding another aspect of trauma that is its embodied impacts. Van der Kolk (1994) has drawn attention to how heightened stress due to trauma, whether incidental or chronic, causes intense emotions and bimodal psychobiological alteration in bodies. They include a heightened production of stress hormones and alterations to the immune system accompanied with hyperarousal, hyper-attunement and vivid memories of the past while also hypoarousal, psychic numbness, an avoidance of stimuli and experiences of amnesia (van der Kolk, 1994).

The Historical Trauma Response model presented by Brave Heart (2011) describes ways in which the transmission of traumas from parents to children takes place across generations in the absence of healthy parenting models, emotional and physical abuse, stressful life events and negative perceptions of identity. The accumulative embodied responses, the wounds and pain trauma leaves behind, include problems with substance abuse to numb psychological “pain”, self-destructive behaviors, challenges with emotional and mental health, low self-esteem as well as higher mortality rates, elevated morbidity in diseases such as depression, anxiety or heart disease (Brave Heart, 2011). Kirmayer et al. (2014) have suggested trauma reflects not so much the past but rather the presence of ongoing structural violence in Indigenous North America.

In community discourses trauma was a frequent term in vocabularies as members spoke of their illness. Trauma as illness was something that is the result of traumatic events propelled from outside of communities and selves, with negative impacts penetrating

one self as well as Indigenous communities at large. I suggest trauma is part of the framework and medical discourse and lexicon with which community members experience and articulate illness. In the following I suggest six types of trauma experienced in the community; *Cultural trauma, trauma in identities, traumatic memories, emotional and embodied trauma and intergenerational trauma*.

5.1 Cultural trauma

For members in this Indigenous community, the laws and policies that made many cultural and religious practices illegal, that alienated Indigenous people from their traditional homelands, foods and methods of subsistence, and stigmatized Indigenous identities and parenting by removing children from their families and communities, had profound negative impacts in terms of health. The loss of culture over generations took place by labeling elements of Indigenous culture as somehow distasteful, uncivilized, heathen, illegal and unhelpful and efforts to civilize and transform Indigenous People have taken place so that they could participate in the demands of modernity, fit into the settler society, be productive and *be White*¹⁵. In residential school experiences transformations were initiated by instilling new White values while Indigenous cultures, spirituality and languages were defined as “something wrong”. They are experiences that continue to have impacts on present community member’s sense of self-confidence in attaining Indigenous spiritual healing.

N: So..yeah I so found my own medium..acceptance..because for a lot of our People even if we smudge it causes stress, is it right or is it wrong, are we doing it right are we doing it wrong.. 'cause residential school has even regimented our spirituality, no you can't your not supposed to do it that way..you know..not good enough..its not the right way..so I'm trying to teach our People to unregiment..there's no wrong as long as their doing it in a good way there's no wrong..

Community member’s experiences of cultural trauma were described as culture being taken away, torn or ripped away, as a result of assimilation efforts and by making cultural and spiritual practices illegal that lead cultural practices such as spiritual ceremonies having to go underground in order to survive. As a result of the onslaught of laws and policies banning cultural practices coupled with policies of assimilation, Indigenous cultures are perceived as having become severely threatened over the course of past centuries. Community members note how many people in Indigenous communities have gaps in their knowledges of ones tribal culture and identity,

¹⁵ Becoming *White* in community member’s view refers to transformations of self into Euro-Canadian ideals of personhood and citizenry including adopting White spiritualities, culture, language, identity, morals, values, economic systems, relationships to land and natural environments. See also Biehl & Locke (2017).

including cultural practices, values, cosmology, spirituality and forms of Indigenous healing. For many the instilled shame of Indigenous identities has resulted in families not remembering or acknowledging their tribal affiliations or Indigenous identities. The result is an alienation from, not only their specific tribal cultures, languages and identities but also from Indigenous cultural identity in general. One way how community members perceive the loss of culture and language has progressed and has become internalized, is in how some senior family and community members have come to internalize the negative perceptions of society towards their culture. Many have come to view their culture as undesirable and unhelpful and deny their culture and Indigenous identities. Community members observed some parents, grandparents and senior community members have been reluctant to pass on language and culture to their children and subsequent generations. This withholding of passing on cultural practices has taken place consciously or intuitively under duress with the notion that learning elements of Indigenous culture for children would be of no use, do them no good or be dangerous and even harmful in Canadian society.

N: I'm 61 but by the time I went to school we were already speaking English and we would if we heard our family speaking our language, they were always talking like this...[low voice] together it wasn't like blaah, blaah, blaah..you know in a lot of other cultures..you know.. loudly speaking the language without any fear you know you see they were talking like this in the language even though they were family, but part of that was because they didn't want us to learn the language so we wouldn't, it was just subconscious not, oh they're going to get punished if they speak the language..it was just learned...you know..

Community members perceive how the concerted attacks against Indigenous identities and social and cultural practices have obstructed the possibility of maintaining healthy identities in the Canadian society that could take pride in traditional identities founded on ancestral relationships, tribal affiliations and cultures. Stigmatization and distaste for Indigenous culture and cultural identities has resulted in major losses of cultural knowledge and cultural identity while assimilation policies have not been successful in agendas of transforming Indigenous People into the likeness of White Society. The once healthy cultural identities that rested on tribal memberships, nationhood and Indigenous cultures have been under attack with assimilation policies and have been replaced by a stigmatized identity in the settler society. For many it has lead to an ambivalence and insecurity of identity, culturally crippled, lacking capacities of subsisting and functioning in White Society, but also the tribal societies as well, stuck in a limbo of identities and between cultural worlds and their demands as one community worker expressed:

T: Especially in these urban settings, so many of us come from so many different nations, even from across in to the United States, that that sense of belonging has been severed, how many generations ago, that we've got people that are just, either denying their culture because they don't know, their.. they've been taught to fear it or to hate themselves. Or we've got children who were adopted into non-Aboriginal homes, that were given wonderful lives but clearly looked different and felt different, and at a certain point in their life realized, I have to go find myself, and a lot of times, they're looking in the wrong places, and they've been looking in unhealthy places.

One aspect of the traumatic impacts of colonialism in terms of culture is the way it has destroyed healthy cultural models of parenting, knowledges required to parent essential for the transmission of culture and healthy identities. Generations of children that were forced to leave or apprehended from their parents, grandparents and communities to attend residential schools resulted in the loss of parents opportunity to parent and models of parenting for children that are acquired by living in a family. These family environments were supplanted by the bleak, regimented and emotionally depriving institutional environments of residential schools where the only models of “parenting” where the teachers, priests and nuns that were abusive and applied emotionally deprived strict educational methods and interactions. The residential school era was then followed by social service practices that responded to child welfare concerns largely by simply apprehending children from families instead of other possible strategies resulting in continuing interference in transmission of cultural knowledges and knowledges of parenting.

T: It's not because they're choosing, parents don't wake up and choose to hurt the children and choose to neglect the children. But there are some major gaps and barriers because of colonisation, that our families just don't have certain skills that have been missed because of colonisation. They don't have it. They don't know what clean looks like, they don't know what healthy looks like. Even communication, how do you communicate with your child in a loving way. That's a safe way. There's some really basic things that, keep our families, they really do keep them in an isolated service centre, even in an urban setting.

The traumatic wounding effects of the removal of children from parents and communities acknowledged by community members, are the difficulties and extra challenges in parenting because of the lack of knowledges and healthy models of parenting. Residential school abuses have resulted in an experience of lacking confidence in, or not knowing how to be a parent, let alone take care of one self. For some, residential school abusive experiences have resulted in contemplation of altogether not wanting to become a parent because of the fear of transmitting harmful models of residential school parenting and traumas to offspring. Some community members spoke of how their mothers had internalized the perceptions of being inadequate poor parents, and while engulfed in the traumatic emotional impacts of residential school, voluntarily released children into the care of an institution as a better option for children than remaining in their own care. One community member implied the intergenerational effects of residential schools, child apprehensions and denigrating

Indigenous motherhood, is that they have become intergenerationally transmitted notions of being a poor parent, internalized poor confidence in parenting and becoming more submissive in relinquishing custody of children under institutional duress.

S: She was taken to the residential schools at 4 years old. She was completely devastated in everyway possible. At 16 she was set free and she ran to..to claim her freedom. She wanted her babies. We heard many women say I want something I need something, something that no one can take from me, something thats mine, something I can love and care for. She didn't know she wouldn't be able to. Her mother didn't know how to be a mother. So the very necessary skills that people think are just innate, were so hypereffectively removed from us...I'm not talking, talking about specifically about me, I'm talking about my moms experience, what happened, what has to happen to a woman who wants babies so bad because it's a part of what she knows her path is and then she leaves them because in her mind and in her heart she believes that's what's best. She left us alone in that house and it was days before anybody found us.

5.2 Trauma of identity, I can't, not good enough

One of the traumatic impacts of colonization in terms of health community members spoke of is the general experience of being stigmatized in society including personal experiences of stigmatization in residential schools and adoptive families. Community members noted that Canadian society has over many generations placed Indigenous people in a chronically abject position in the social structure, as second class citizens. This is perceived as part of the more general societal racism and social stratification in Canada and other settler societies as well, where the White population has traditionally been held to the highest value.

N: I think as a person of color you have to..kind of understand you know [referring to me the interviewer]..but..as a native person that's..like we're the lowest on the totem pole..you know.. in the city, even below a White homeless person... that's our standards in the community..and that really impacts our emotional and our physical health..you know.. yeah so..it's..it takes work to do..you know we don't wanna get to a situation where we need help from the police..we don't wanna get in to a situation where we need help from the ambulance 'cause we never know how we're gonna be treated if their White, or Chinese or something....you know..it doesn't matter what race they are...

Experiences of marginalization and stigmatization have resulted in negative self-images, insecurities, low self-esteem and even self-hate accompanied with experiences of powerlessness in being labeled as chronically incompetent, being silenced and subdued under negative stereotypes. It has been an experience of having to be ashamed of ones culture and identity in the eyes of society. For some community members it has resulted in anxieties and reluctance to display or divulge one's Indigenous culture and identity because of fear of disrespect and discrimination with negative impacts on health.

M: ...but other things have affected my health like being torn away from my culture and being shamed that I was First Nations..umm because there's a lot of racism to do with being Indian, being Aboriginal..so it didn't affect me maybe too much physically, but mentally it does, its always a stigma of who I am and I'm like 43 now, and I still sometimes struggle with telling people that I'm First Nations or Aboriginal, I'll actually a lot of the time I'll lie, I'll say ooh I'm hi and 67. That I come from like, just like a stray dog, but I'll say I'm a stray dog but I wont say I'm Aboriginal its because of the stigma of it all.

Government institutions that engaged intergenerationally in unequal policies and practices, unequal distribution of opportunities and resources, coupled with experiences of stereotyping and disrespectful general negative attitudes experienced in society, have lead to suffering from experiences of worthlessness, chronic experiences of incompetence and being of lower value. Community members describe the impacts as internalized collective perceptions of decreased potentialities and possibilities of functioning in society. In the communities they are exhibited as notions of “can’t” and “not good enough”.

N:...it's just what they were, it's just what..it's just what the government and reserves and the residential school system and you know..built into our heads that we're not enough anyway just being living..you know so its part of our stressor..umm..living in society is that you know we're not good enough...'cause what you can do is it's something taken away from my people, 'cause we're always..you can't do..you can't you can't..you're never gonna amount to anything is a residential school teaching, you can't do anything right is what we learned from, no matter how good we do something..its not good enough..you know..so we internalize that..so its gotta make us sick right..like oh..you know..we're always doubting ourselves...I'm not good enough..you know..my colour..being native means that I don't fit in, all the negatives that were thrown at us intently and just by children's observation of parents attitudes, you know...and vice versa for our people too..umm..

5.3 Traumatic memories, emotional and embodied trauma

Traumatic memories

Community members utilized the language of trauma to express how personal memories of emotional and physical abuses, experienced in the past whether in residential school, foster families, biological families or reservation communities, have had troubling wounding impacts on their later life including their health. Lingering and resurfacing memories of traumatic pasts, residual experiences of illness, distress, negative emotions, and suffering contribute to present struggles in coping with life's challenges. Many community members spoke of *stressors* and *triggers* that are challenging situations and events taking place in their present lives that lead to the resurfacing of traumatic memories of the past. Resurfacing memories, relived painful memories from troubling childhoods and traumatic events of the past have caused at times confusion and puzzlement and present additional emotional struggles and difficulties in coping with the present. Memories have also set off a need to understand the past, to understand what happened to oneself and why, and search for meaning in the past in order to understand how life histories have played out and how the past has had impacts on one's present life conditions. Paul, a former residential school student, now in his 60s, explains how vivid memories from residential school continue to

resurface occasionally, triggered for example by seeing an old school mate and continue to provoke bad feelings and distress:

P: uh..you know a lotta times I wasn't even aware of some of the symptoms that was occurring..you know and..like certain things like..like certain orders and certain things that happened that would trigger the things that I experienced or seen in residential schools yeah and..and I'd be thinking about it all day.. I'd be like in a daze..you know uh..it was a strange feeling because..first of all..I never did like the residential schools..yeah..so sometimes something would trigger.. uh..like uh..if I haven't seen somebody in such a long time I went to school with in residential school..and then it would set off an incident or that person..you know I'd seen getting in trouble over nothing..yeah..

Emotional traumas

Community members spoke of the emotional struggles that they personally continue to suffer from and struggles they have witnessed in other family members as in the community at large. Traumatic memories from the past, death of family members and disconnections from family members, resurface as emotional memories of fear, terror, anxiety, hurt, sorrow, helplessness and resignation and continue to produce experiences of distress, difficulties to cope in everyday lives and negative experiences of one's health. One community worker described them as *emotional traumas* present in the community and as one reason for the present struggles Indigenous families face:

I: What do you think personally and in the community, what causes sickness or illness and wellness?

T: I think what causes a lot of the illnesses within our Aboriginal families has to do with a lot of the emotions. Dealing with, the traumas of the past, of what our families have lived through and a part of that generational effect, especially when there's a lack of the parenting skills when growing up.

The emotional trauma community members pointed to in themselves and others is the frequent struggling with residual feelings of anger, rage, hate, fear, terror, anxiety, sadness, insecurities, grief, dejection, despair, jealousy, disgust, mistrust, shame and guilt because of past experiences of traumatic events. The life long struggles and suffering are accompanied with anger and rage towards White Society, the government and its institutions responsible for the general vilification Indigenous people and the abuses experienced personally, collectively and intergenerationally in communities. Sandra in a public event spoke of the trauma in her family, her mother's and her uncle's struggles with substance abuse and their premature deaths, and the intergenerational impacts these tragedies have had on her own mental and emotional health:

S: So I stand here today, this is what it looks like. This is what reconciliation looks like. I feel worried, I feel vulnerable, I feel raw, I feel very protective of my mother. I don't want people to judge her. I don't want people to be hard on her or say other things about her. I have had to do almost 16 yrs of work, work and work, to let go of the rage that ruled me, I didn't know anything else, I knew what it was like to be broken and I knew what it was like to be enraged, so when I hear the word reconciliation, especially in the context of truth in reconciliation I am grateful for the healing, that some found truth in reconciliation, what is medicine for someone I will never ever touch, we will leave that alone. For some of us it was not medicine a lot of people it left dry, it equated to gazelles with huge gaping wounds in the middle of the Serengeti. When my uncles got the residential school money what's the first thing they did? They went down town and they killed themselves with alcohol and drugs and..uh what they left behind was..was..was a good party.... I was ashamed and I was broken, now I'm making myself whole again and I'm doing the work...

Emotions of anger, resentment, grudges, disappointment and hurt are also part of the range of emotions that many community members expressed feeling towards their parents or caregivers that were unable to provide protection, safe and satisfactory parenting relationships instead entailing family violence, substance abuse, discord and troubled relationships. Paul speaks of the resentment he long harbored towards his grandparents:

P: Our grandparents they sat there long time before my granny said well we..we're poor..we couldn't afford to look after you guys..and that's the only reason why we send you there..and so..I had a hard time with that..when you know I started to realise..you know what happened and why..At first I was really angry with my grandparents 'cause they..they were the ones looking after us.

Negativity

Feelings of desperation, low mood and low self-esteem with struggles in displaying positive emotions while suppressing and storing negative emotions continue to have impacts on everyday life, health and social relationships. Community members spoke of negative emotions and energies that traditionally have been considered “*negativity*”, as the emotions of anger, jealousy, grudges, dissatisfaction that have become a problem for many people in the community who become “stuck” in negativity. This negativity, that was part of the traumatizing residential school environment and atmosphere seen as harbored by staff, is seen as a collective learned behavior and emotion from the generational residential school experiences. Residential school experiences resulted in an internalization of that negativity in the ways in which many community members now harbor mistrust and hostile attitudes and hold a general negative outlook on life and society. Adam gives an example of negativity in his family with his father and aunt who were both victims of the abusive environment of residential school. For his father and aunt negativity has meant an inability to display positive emotions and being chronically cynical and hostile even towards family members and loved ones.

A: She held..there's one time that we had a Christmas dinner at a family night and I was at..I said you should go sit on Santa's knee..and she's like no I don't want to..well come on lets go sit on Santa's knee and she's like NO anger came out, she goes god dammit, we sat in residential school and they put us in a circle Christmas time, we sat on a circle we sing Christmas songs, Santa came with a bag, walked all away around us, walked out the door and didn't give us nothing..That's what Christmas is to me! That was after years and years of talking to her, years and years of saying I love you, years and years, I thought I ruined everything...

For Bella negativity is something present in her family that interferes in maintaining cordial relationships with her siblings and has caused her to at times withdraw from those relationships causing emotional distress and having a negative impact on her health.

B: But uh.. Its a l..it..there's a lot of uh choices that you have to make in life like for me..for y..uh..there's negativity in our family where we..sometimes we don't talk or..I just don't sometimes don't like to be around my family um..I choose, like I always say that my family is weird and uh to everyone else, it's sad to say for me but it's, it's the choices that I make for a healthy reason.

Negativity is something that many community members noted is a learned behavior because of colonization and residential school, that was not present in pre-colonial communities. Negativity causes discord and interferes in contemporary family and community relationships. Natalie notes how negativity is displayed in conflicts in community relationships and a general disposition of dissatisfaction.

N: Yeah, yeah..so..and that's the same for a lot of our people in different ways you know you'll find, you'll talk to people who are still angry and..you know..cause they don't feel like..if they see a doctor, the doctor's not helping them and that.. with a..and you know their getting customer service..you know..it's like they get annoyed because just being nice you know it's not helping you, it's not enough, so a lot of our People are dissatisfied, but it's not our natural way of thinking.

For some negativity results in giving up on life altogether after facing hardship or engaging in substance abuse or other harmful behaviors as Adam notes.

*A: I've heard of more stories of people that went in.. hear they got something tragic that can take their life and they just give up right away, you know I have this..might as well just die kinda thing..and they stay in that place and that's..once it does take them..to be in that **negativity** which is once again could be that learned behaviour.. Right..could be cause of residential school..right..to be in the..cause its a natural process..its just something that you would naturally go to..its like well..F it! you know..right.. cause so many times people can just give up right away, its because its easy, and thats the thing about being in the negative, everything is so easy to do, just pick up that bottle, you know that drug is right there, its just..go ahead and use..I choose not to do that..okay... I mean when I'm..like..skidrow is like half a block away from us right..there's so much sickness, pain and hatred and negativity..*

Traumatic memories and negative emotions have transcended into the spirit world as negative energies lingering in places such as abandoned residential schools that once were sites of death and violence or places where people have died unnatural deaths. Community members that have died violent tragic deaths linger as spirits that can't find their way back home. Adam remembers visiting a residential school while he was in recovery from substance abuse and how he could sense the grim history as negativity, as spirits that linger in places that were once sites of violence.

A: No they never know..thousands of people have been through there..and they uh..we..we went into the weightlifting room which was near the basement and I saw one of the nuns..staring at me and the..the guy was with, we couldn't work out in there, just the energy itself it's like the worst ..about the worst part of the school ever.. 'cause that's where they brought the kids. (B: How did it feel?) Dirty..dark.. (B: you could sense that..) ..every negativity that I mentioned before triple it, it..was just terrible, It was..we tried twice we went back the second time but we get all blasted..It didn't work..they wanted us..they wanted just uh..I dunno..they just probably wanted to take us..and it was just something uh.. we never did again we never went back.

One emotion many community members spoke of present in both personal experiences and collective pasts in the community is that of fear. Fear and terror are part of the parcel of collective negative emotions and experiences in the community. They are emotional memories generated by the experiences and suffering of previous generations that endured institutional violences and experienced fear and terror, transgenerationally shared and learned and now remembered in the contemporary Indigenous community.

N: ..and when you hear them say..like everyone says they took away our language, it's become cliché but what no one says is can you imagine what its like for our little children being forcibly taken away and seriously really hurt you know, just scared playing by the rumour and brought in by Indian Agents or the RCMP or even just men like patsies you know hired to get the children and to take them to bring them to these schools and uh ..you know..so we're in these schools, you're terrified..your not with your family and you're getting punched and hit and whipped in there and you're just wanting to go to the bathroom, I'm hungry I haven't eaten..can I have something to eat some food you know, you don't know you're just asking for something, a question, then afterward finally you understand you have to talk English so you don't talk or else your gonna get hit you know..

Community members mourn and sympathize with their great grandparents and ancestors that suffered fear, anguish, death and devastation in their communities brought on by virgin soil epidemics. They mourn their ancestors, and grandparents, whom as children suffered from fear and terror as they were removed from their communities to the hostile residential school environments, to endure abuses, punishment, terror, anguish and fear just for being Indigenous children. They also mourn their own parents whom having traumatic childhood experiences in places like residential school have in their adult lives suffered from emotional traumas and destructive behaviours. These transgenerationally transmitted memories of experiences and emotions of fear are part of the collective communal memories of trauma and participate in contemporary expressions of anguish and distress. Fear is what has become learned and ingrained and subconsciously transmitted intergenerationally where Indigenous people have come to fear nurturing and displaying elements of Indigenous identity, language and culture. Fear as an emotion is joined with an intergenerational experience of befuddlement, helplessness and resignation under the policies and practices of violence by the settler society and its *system*.

N: I don't remember what that was about..you know..but we're experimented on, some worse than mine..you know..like electric shocks and that kind of thing....so I think we have a..we have a natural justified fear of those that were supposed to help us....so yeah..that..that..fear is justified..that we have of the system cause the system was also what was used to bring us to those schools and the system didn't help us when we're put on reserves and..we weren't allowed to even get help..you know..that kinda help so..yeah its..all with intent..

Collective intergenerationally circulating memories and personal experiences of being practiced and operated upon, not getting proper healthcare services or even being abused by service providers or subjected to unauthorized medical experiments are some of the experiences in the system that cause contemporary experiences of fears. They are some of the examples of mistreatment by what community members referred to as “the system” that has contributed to experiences of trauma and a generalized experience of fear and distrust in contemporary government and its institutions and Canadian society in general.

Embodied trauma

One of the impacts of traumatic events is how they have become *embodied* as negative perceptions of the self as “not good enough” engrained in practices of the body that attempt to correct the embodied stigma instilled by residential school “teachings.”

B: Do you mean that you did exercise too much

N: Yeah..I jogged 5 miles every morning, but then that wasn't enough so I started carrying weights and I also had.. that's not enough you know..I started putting one pound weights on my feet, my ankles and I did that for like a week and I then that's not enough so I started going up the hill and trying to ..Creek Park to see the hill, I started going up the hill and around, up the hill and around, then after, maybe it was even a few days that didn't feel like enough anymore so going backwards up..so our psychological you know..messages that we were forced to believe become innate part of our way of thinking and it took..it took a psychologist or a therapist to help me to see that sometimes what your doing... is enough..you know.

Embodied traumatic memories are displayed in a kind of tension, in hypersensory attunement towards the environment, in hypervigilance and hyperawareness, chronic stress, anxiety and panic attacks but also as feelings of low mood, desperation and chronic fear. These negative energies and silent pressures cause tensions and pain in the body and make the body ill. Natalie, a survivor of sexual abuse in residential school, explains how she now as a woman in her 60s continues to suffer from bodily symptoms of distress she associates with childhood trauma.

N: ..so but I've learned to..through my own education and my own self-healing, umm..learning that others attitudes and perceptions of me doesn't make me who I am, because it was starting to really impact my..my body, you know like taking all this energy in because I, I understand through education,..you know.. hyperawareness, hypervigilance, you know, just based on my trauma..experiences of trauma as a child..

Nine interviewees expressed having received care from a counselor, psychologist or psychiatrist and diagnosed with mental and somatic illnesses such as depression and post-traumatic stress syndrome, that they describe as the traumatic results of experiences of abuse in “the system”.

*N: Umm.. where I am right now..is..like I have learned to..I'm trying not to go way back uh..yeah..uh..I've learned..like, like today umm.. I've learned to relax..By bod.. 'cause I've like..I have been diagnosed with PTSD, chronic anxiety, ADD, ADD I assumed but I didn't know, depression I assumed but it wasn't official, PTSD I assumed 'cause of my..you know..and..umm there's a fourth one I can't remember..umm..so my basic day to day is just relaxing my body.. 'cause I'm always..you know..and..so my experience with **trauma** has caused me to subconsciously feel my body is always ready for something even though I'm home by myself..It's just a part of me that I..see I just had to..umm..so my constant is trying to relax..used to stress me up..oh my god I can't relax..I got stuck in the stress..*

Interviewees acknowledged both personally, in their family as well as in the larger community how anger managements problems and violent behaviors accompanied with problematic substance abuse are one of the examples of the embodied emotional responses to traumatic events of the past.

A: It suck so bad because..my dad shared the story..he wrote it down..it was recorded and it was written down..this is what happened [voice breaks down] it's the most tragic thing I ever read in my life and I never want to read it again..and it's something that no human should go through..and its understandable..I understood..that's why he was the angriest man in the world..that's why he was the way he was, that's why he beat my mom, that's why he raped those women, 'cause he was taught that way..To this day

people are still holding grudges against from what he did. When he left he got into alcohol..alcohol took his life, alcohol turned him into that beast, alcohol..just ruined him..and its something that we grew up with, we saw that we didn't know, not until he handed us that letter.

Community members spoke of how traumas are passed in the very bodies of children and grandchildren as transported memories of emotional traumas, fear, terror and suppressed anger experienced by previous generations. Traumatic events introduced by colonization, epidemics and institutions such as residential schools have been carried and will be carried across intergenerationally as transported traumatic memories, stamped onto bodies and the collective consciousness of the present and future generations.

P: ..its something that will never leave..and they say it will affect our people for seven generations before it's all cleared out..so with my son he's only second generation so we still have a ways to go yet..yeah.

Family consultants working in the community note how stress is passed on intergenerationally exacerbated by stressful environments and life conditions as impacts on unborn babies. They refer to research in epigenetics that points to the transmission of stress intergenerationally encoded into the children's very genetic makeup. Stress hormones that can pass through the placenta and flood the bodies of unborn babies result in babies that are born stressed and require extra attention.

I: Yeah, absolutely. So, what we know about the placenta, and stress levels, and cortisol levels in mums, and the placenta's ability to filter a lot of stress, it becomes worn out throughout the pregnancy. The more the mother is, is flooded with cortisols, that transfers to the babies and babies, ultimately, become nurtured in an environment that is laden with stress. And that of course impacts their development. And so women who are unsupported, who are having babies who are very stressed out, are birthing, babies that need, a lot of attention and a lot of, attachment, to.. it basically is, help me out here, rebirthing the cycle of trauma, when we have babies that are exposed prenatally to a lot of stress.

Parent's emotional problems, difficulties in coping with life's demands in families result in stressful growth environments for children. Poverty, stress and low energy, struggles to survive day to day is translated into difficulties in life skills, finding comfort in unhealthy foods, struggles in maintaining healthy diets and practices and other difficulties in maintaining health. Substance abuse contributes to another exacerbating layer of problems that at its worse is passed on intergenerationally on to children's bodies with babies that are born with addiction problems or suffering from Fetal Alcohol Spectrum Disorders (FASD).

M: .. umm it hasn't really, because I'm not in that environment..umm I have a younger sister who..and I haven't talked to her for over 20 years..but she uh..she's part of the environment..she is a victim of the environment so she had a child that was FASD so she, meaning she was Fetal Alcohol Spectrum Disorder, and her child, that child now has a child who has FASD and she has FASD..So its a cycle that's really hard to break.

I: Yeah, the question was, what personally or in the community causes unwellness or sickness.

E: Well, just the intergenerational trauma for the babies that we see. A lot of the mums have addiction problems, which stems from colonisation and residential school and the whole intergenerational trauma so, our babies are born addicted and need a lot of services.

The negative perceptions and attitudes towards Indigenous people, internalized as negativity towards one self, low self-esteem and feelings of powerlessness result also in negative and fearful perceptions and attitudes towards society and its institutions and decreased abilities to function in society. They have resulted in what I see as altered and challenging ways and abilities of inhabiting¹⁶ and living in the world. For many community members, traumatic events and low self-esteem have lead to long-term experiences of suffering and health problems that intrude in everyday life as extra challenges in abilities to function and provide. Mental and physical health challenges, substance abuse problems and being overwhelmed with emotions and stress while lacking a sense of agency, direction and meaning are some of the everyday struggles, challenges and disabilities that are present in some community member's lives. It is a continuing struggle with mental health issues, physical illness, for some substance abuse problems, coping and struggling to find some kind of healing and stability. For some community members the impact of trauma has been a chronic fear and mistrust towards society and its institutions and the need to avoid or exit unsafe or traumatizing environments. These include detaching from unhealthy families, unhealthy communities or society at large as one way to cope with trauma. Several community members had family members that had become disconnected from their families and communities and had moved away to another part of the province or the country to escape painful memories. For others the trauma has lead to isolating oneself from society and the world itself.

P: I know back in..back home..I know there's lot of them that isolate themselves. They don't go out, they don't socialize, they don't do anything they just like..stay home and go nowhere. That's their way of dealing what they endured..yeah..

Tuning out

Traumatic memories and negative emotions coupled with low self-esteem and negative perceptions of one self are some of the reasons community members explain why many attempt to find a release or an escape by consciously or unconsciously resorting to ways of *tuning out*. It is a form of escaping traumatic memories, emotions and life conditions by disconnecting from reality and unconsciously detaching from immediate surroundings and "being away."

¹⁶ See also the *dwelling* perspective as introduced in Ingold (2000).

N: you can see a lot of our Native People, people my age or 40 and over..part of them is..you can see part of them is away.. still..and so I know, I really know that what's happened to them..you know..being abused or you know insulted or molested..what ever and no one is coming to help.. So your...you know..it..there's no other way to escape mentally and emotionally.

Substance abuse is seen as one of the ways that members in the Indigenous community attempt to address “hurt” as a kind of medicine to heal, escape, “be away” or find release from emotional pains, troubling memories and painful realities. It is a coping mechanism that some members in Indigenous communities resort to, to cope with and escape the emotional traumas and pain from various negative experiences.

B: Was it before you were like..able to get clean or after that?

P: Yeah it was after I was already sobered up..Yeah.. 'cause when your drinking your hiding all that eh.. You kinda drowning it..putting it on a backburner or whatever

B: Is it..do you think that that..those experiences like..like made you.. like..kind of uh..that it was kind of self-medicating or..the drinking?

P: Kinda what?

B: That the drinking is kind of self-medicating (P: oh yeah) for that or

P: yeah..um ..a 100 percent of us..you know that survived..residential school all went directly to alcohol and ..that was our medicine..to help us.

Community members acknowledge how for many in their families and communities substance abuse and addictions are a life long struggle that take them to an early grave. Rampant substance abuse for some has been a conscious effort of self-destruction and “drinking one self to death.”

K: When I, when I see my friend ..eh .. I was walking down downtown, and he was sitting in the bar but he wasn't drinking, and, I, I..walked up and said what's the matter, and he looked at me and with dead eyes and you know said it's not the same anymore, it's not the same, and I said what isn't the same, you know like I couldn't understand what he was talking about.. Well back in 80s there was a lot of alcoholism going on, and I knew I was involved at the time, n there was a lotta winos and a lot of alcoholism going on. Today what he was talking about was all the alcoholics had died and now the other things were come in, and that's what he was talking. So when he was talking about that I didn't recognize the symptoms, you know what he was going through, and I had, you know, I was in a hurry to go somewhere be somewhere at a certain time so I just left it at that. The next day when I went down I heard the eh.. he checked himself out of an old folks home where he wasn't allowed any alcohol or anything he got himself a cheap motel room and filled it up with full of umm hard whiskey and drank himself to death.

Most community members knew of one or several family or community members that found permanent detachment by committing suicide with profoundly challenging effects in terms of health for family members and communities left behind. This can be understood as way of resorting to *dissociation*, the mental detachment from traumatic memories and emotions, as it is defined in psychology, that has become part of the traumatic histories and the emotional impacts of trauma, that continues to take a toll on the health of individuals, families and communities. As one community member noted the impact of the residential school system is that people are still suffering and dying prematurely because of enduring problems with mental illness, trauma, substance abuse, premature deaths and suicides prevalent in many Indigenous communities.

5.4 Intergenerational trauma, colonization trauma

Members of the urban Indigenous community see colonization and colonialisms as having had profoundly altering, negative and wounding impacts both personally and in Indigenous communities. They are stories of suffering shared by ancestors, parents and grandparents circulating in families and within the community. They are also illness realities of suffering, witnessed, felt and experienced first hand in family and community while also having experiences of suffering one self. Together they contribute to an experience of intergenerationally injuring effects of colonization and all that it entailed. Past events are remembered in families and communities as *traumatic* events that contribute to an intergenerational and ongoing illness experience in the present day Indigenous community. Memories of the impacts of colonization upon ancestral communities unite the past collective memories with more contemporary collective experiences of illness, traumas and being traumatized. Together they participate in community member's efforts to explain illness conditions placing illness and suffering within that larger context of what I interpret as *colonization trauma* brought on by colonization and its intergenerational impacts that have progressed in a harmful way. The *cycles of trauma* as one interviewee expressed it, is what community members refer to as the transgenerational familial and collective transmissions of trauma. Once healthy nurturing environments, healthy identities, traditional cultural knowledges and patterns of behavior, healthy emotions and bodies have been replaced by hostile abusive environments, unhealthy stigmatized identities, absences in healthy cultural knowledges, unhealthy behaviors, sick emotions and sick bodies. The impact of colonization and policies of assimilation and marginalization have left Indigenous people in not only a society that is a chronically hostile environment to Indigenous cultures and identities but has also resulted in absences in cultural identities, knowledges, values and practices that traditionally participated in maintaining the health of families and communities. Colonization has resulted in not only the prevalence of struggling with negative emotions, unhealthy behaviors of substance abuse, and at times a cynical outlook of the world but also the intergenerational transmission of suffering to subsequent generation. Being stuck in persistent traumatic memories of the past, experiences of fear, mistrust, abuse and suffering, unhealthy patterns of behavior and living in stressful unhealthy triggering environments are part of the intergenerationally transmitted cycles of trauma. What becomes part of the cycles of

trauma are the environments where the unhealthy influences, behaviors and practices children and adults are exposed to exacerbate and perpetuate cycles of trauma. In urban areas community housing is situated near factories and pollution and areas associated with drugs and crime that provide unsafe and poor growth environments for children and poor living environments for those that are recovering from substance abuse and trauma. Some isolated rural reservation community environments feature poor quality housing, poor infrastructure and poor access to community services. In some community member's views, reservation communities have become "toxic" environments because of the intergenerational impacts of trauma, that community members have had to leave in order to heal. Mental and physical health challenges, substance abuse, suicides, child apprehensions, abuses suffered in some reservation communities are sustained with poorly accessible and chronically underfunded social and healthcare services. Several interviewees spoke of being dislocated from their reservation communities due to disputes and struggles in the family and community over power, resources, property and assistance and not having a place to live on the reservation. Dislocation from the ancestral community has produced a feeling of disconnection and melancholy and a host of challenges in terms of resources in living and surviving in the city. While others thrive in urban environments some community members struggle at the margins of society suffering often from poverty and continuous living in survival mode exacerbated with stereotyping hostile and biased environments. Some end up homeless and destitute, engaging in behaviors of substance abuse and addiction, prostitution and crime while disconnected from the once healthy cultural identities and practices. "Skidrow", while at the margins of society with all its brutality and lives engulfed in substance abuse, has for many become a familiar and safe place to escape society but also a place of enduring suffering.

5.5 Conclusions

In community member's experiences and perceptions colonization and colonialisms have at many fronts been catalyst for intergenerationally transmitted traumas, illness and re-traumatization in Indigenous communities. For members in the community the experience of being targets of what is perceived as social and political abuses and violences has been an intergenerational experience of living in a hostile society, not enjoying the same value as people, privileges and protections as other member

communities in society, not deserving to be safe. Being intergenerational victims of concerted attacks on Indigenous existence, identities and cultures at many fronts is something that explains contemporary conditions and challenges that Indigenous communities struggle with. It is an experience of trauma attributed to the processes colonialism. Community members spoke of illness through the *language of trauma*, view colonization and illness realities through a *framework* of trauma with its destructive impacts on culture, identity and bodies and abilities to live in the world. Traumas from colonization are transmitted intergenerationally in families and communities as transported traumatic memories in collective consciousness, embodied memories and by parents that suffer from traumas that are not healed but pass on the trauma to subsequent generations.

6 Structural violence and the continuing colonial space

In this chapter I turn to experiences and meanings of health and illness among urban Indigenous community members that pertain to living in the contemporary Canadian society. In my analysis I suggest experiences of structural violence in the form of structural racism and institutional racism are significant elements in illness experiences viewed through a pattern of coherence and continuity, as reproductions of the colonial social and political structure and violence against Indigenous peoples persisting in contemporary Canadian society. *Structural violence* as introduced by Johan Galtung (1969) extends the concept of violence from direct person-to-person violence to describe a form of indirect and socialized violence present in societies. Not necessarily including distinct perpetrators or victims but rather being both manifest and latent, structural violence lies in the social structure, organization and the hierarchical arrangements of people in the socially stratified society. Galtung notes that structural violence often entails unequal distribution of power, wealth and status, with underlying notions of normativity, culture and values of society's power holders that translate into repetitive exclusionary practices (Galtung, 1969, pp. 169–176). These practices systematically marginalize certain sections of people by channeling resources unevenly while unwilling and failing to attend to the needs and avoidable tragedies of those that become marginalized in this social arrangement (Galtung, 1969, pp. 169–176). As *cultural violence* structural violence produces the symbolic order exhibited in aspects of ideology, ontology, philosophies, values, religion, language, symbols, art and sciences

that participate in the legitimizing, naturalizing and obscuring of society's power structures (Galtung, 1990, pp. 292–301). Structural violence through implicit values and meanings buttresses the privilege of the powerful purporting a particular version of reality and social order (Galtung, 1990). Galtung (1969) notes how *structural violence* is often hidden in the naturalness of everyday life and meaning seated in culture, social arrangements and organizations of power. As Galtung describes, “it is the tranquil waters where unequal power arrangements are seen as about as natural as the air around us” (1969). Silent and persuasive, it is part of the dynamics of society where naturalized unequal power arrangements, social interactions and political relationships are translated into unequal life chances (Galtung, 1969). For those that are marginalized, Galtung notes how structural violence hinders their abilities in a society to realize and reach their full potential resulting in real differences in the accumulation of resources and levels of health and wellbeing (Galtung, 1969). While structural violence is representational it is also exhibited as direct somatic violence when the social order is upheld by institutional mercenaries, the foot soldiers of society such as the police and the army that cause bodily harm (Galtung, 1969). Galtung points out how structural violence is both physical and psychological as it works both bodies and souls, the mind and the spirit with no actual perpetrators or victims (Galtung, 1969). While not necessarily intentional structural violence is yet congruent across meanings, social organizations and practices in its ability to decrease mental potentialities (Galtung 1969, p. 169; Galtung 1990, pp. 292–301).

One manner identified by Galtung by which structural violence can take hold, is when an exploitative caste system or a race society emerges as a consequence of a large-scale invasion as a central tenet of belief to justify structural violence while leaving a thin but powerful top layer in society consisting of the victorious group (Galtung, 1969, p. 178; Galtung, 1990, pp. 298–299). Omi and Winant (2015) suggest “race is a way of making up people” a master category and a process of symbolic work that involves categorizing and diversifying a group of peoples and assigning attributes of significance and value that is also a process of differentiation of the Other from the Self. Race is therefore symbolic and representational of social relationships, a social construction itself, and race consciousness a historical phenomenon that has at different times entailed varying definitions of Others and Selves as flexible malleable categories (Omi & Winant, 2015). Lawrence and Keleher (2004) define *structural racism* as a phenomenon “underneath, all around and across society” that in addition to racism of interconnected institutions

and policies is broadened in scope to encompass both ideologies and histories. They provide the foundations of racial and cultural supremacy, including dominant cultural representations and popular myths that within everyday lives provide the normalization and replication of a system of racial privilege (Lawrence & Keleher, 2004). Carmichael and Hamilton (1967) have defined *institutional racism* as structural bias that is built into the very fibers of political society's institutions operating under and producing biased outcomes in the personal, community and society levels. They draw an analogy between contemporary institutional racism and colonialism where oppressive and exploitative colonial like relationships persist within contemporary nation states. Feagin (2006) points to the antecedent elements of *systemic racism* in the United States that were already present in the ideological worldviews of European supremacy.

Imperialism and the invasion and colonization of North America took place under the pretense of entitlement with emphasis on European cultural superiority, to dominion, sovereignty and expansion of territory and population at the expense and intentional exploitation of dehumanized and disparaged Indigenous and slave populations (Feagin, 2006, pp. 9–10). This system has been carried out and reproduced specifically and exclusively for the enrichment of White powerful populations resulting in various modes of impoverishment for people of color with disparities in access to jobs, quality education, healthy neighborhoods and quality health care (Feagin, 2006, pp. 8–18; Feagin & Bennefield, 2014). In Canada the foundations of structural and institutional racism can be seen as located in historical colonialism that largely formed and depended on ethnocentric cultural frameworks of values and meaning, pervasive notions of European-settler superiority and Indigenous inferiority. Race based legislation such as the broad reaching Indian Act in harmony with that ideological framework produced the reservation system and assimilation policies that aimed to altogether transform the *Indian*. Loppie, Reading and Leeuw (2014) note it is the reproduction of racialized discrimination, enduring conditions of poverty, poor health, underfunding in public services, infrastructure and educational opportunities by successive governments, that has sustained the structural racism of past colonial projects in contemporary Canada. The insidious reproduction of dispositions about Indigenous people and their relative social value renders racism as a lived experience that structures the everyday world (Loppie et al., 2014). Contemporary experiences of everyday racism and structural violence in the form of a social order that hinders the attainment of one's full potential while fails to address pressing needs and disparities,

are what come together to contribute to experiences and meanings of illness as well produce tangible impacts on health as disparities of health in the urban Indigenous community.

6.1 Community experiences of structural racism

Structural violence and the continuing colonial space are meta-themes that allow for the examination of how the past relates to contemporary experiences and meanings of illness in the community. They also assist in understanding what being Indigenous means in contemporary Canadian society. For community members Canada as a political entity and society with its colonial past founded on notions of Euro-Canadian cultural supremacy and normativity coupled with perceptions of an Indigenous population as somehow inferior and degenerate are part of the historical structural violence and racism that continue to be reproduced in contemporary Canadian society. Referred to by Galtung (1990) as cultural violence, Euro-Canadian ideals, values, religion and cultural practices have been established as part of the normative and natural social order within which Othered racialized Indigenous peoples and cultures have been persistently oppressed, discriminated and marginalized. For community members it is both a historical and enduring form of structural violence and racism that has been premised on their *Indian* identities and cultures. It is an enduring structural violence in that it continues to be experienced as a form of violence in everyday encounters in public spaces, in experiences of bias in institutional service environments, in present legislation, policies and institutional practices that overlook and fail to acknowledge the *humanity*¹⁷ of Indigenous peoples and address and act on challenges and aspirations in Indigenous communities.

6.2 Everyday experiences of structural racism in public spaces

Racially motivated devaluing stereotypical gestures and attitudes are one way in which community members, that come to be identified as Indigenous, experience structural racism in everyday encounters in public spaces. Community members emphasize that there is a continuing stigma of being Indigenous in Canadian society. As one community member explained, it is a continued experience of being held hostage in

¹⁷ Humanity as equals with other Canadians in social rights with considerations of colonial history and the special position as sovereign First Peoples of the continent.

contemporary society to all the negative stereotypes historically harbored of Indigenous People. Everyday experiences of racism include being stereotyped as suspicious, potentially illegal or criminal including being overtly monitored in shops by staff or followed around in shopping facilities by security agents. Getting poor service or disrespectful attitudes in restaurants and shops or the transit system, small gestures of hostility in encounters on the street, were some of the experiences of structural racism shared by Indigenous urban community members.

I: And it's the racism that is, the experiences of racism?

E: Oh yeah. It's in so many place so many .. from driving on a bus to dealing with any other organization, to being even, going into the store shopping where, in some stores you're followed around. And if you're sensitive enough, you pick it up when somebody is, really keeping an eye on you. I noticed that a lot more in some of the other communities. In the urban setting here it does happen as well too. God forbid I walk into a store with a backpack and (a hat on and) they identify me as Aboriginal, you can guarantee there's someone ten feet behind you watching. So that's one portion.

While racism has shifted from its past overt physical and verbal displays to covert and subtle forms racism it is obscure and yet explicit in the everyday interactions. It is an expectation in the urban environment that is somehow hostile to Indigenous identities, a silent everyday reality that puts pressure on health. One community member noted that for her it is a cause of chronic anxiety and fear and going out into public spaces is a matter of everyday survival in a hostile environment.

N: ..but..especially for our People..we're so busy trying to just survive emotionally.. out there in the world 'cause just walking out the door have to take a breath take your beat..if its the very first person you gonna meet..often they'll not wanna look at you..or not what to know what to do.. when they see you..or look away or you know.

In the hostile environment of Canadian society for Indigenous people racism is in many ways a common place and natural everyday experience, an internalized and ingrained racism that is something that community members must always expect and anticipate out there in the world as a person identified as Indigenous.

D: Like I can go to the dentist, I can go do this and make appointments and be fine. But it's not fair for me to just assume my clients can do that, because there are reasons that they, I mean, something simple like Tracy was mentioning earlier being followed around the store because, because you look a certain way, you're automatically a stealer or someone you can't trust. Our families have become so ingrained and so used to that stigma, that, there's times I see them actually put (that on) themselves and it's not even, like that's not even the case. But they become so used to it. (It's an expectation).

As one community member noted, the expectation of everyday racism in society continues to put extra pressure on physical, mental and emotional health for members in the Indigenous community. Having to be constantly aware of how one is viewed and alert, the heightened awareness of ones identity and fear of potential encounters and incidents of everyday racism negatively impacts health as a chronic stressor exhibited as an ingrown tension, insecurity and fear initiating sensations and experiences of anxiety and distress.

N: ...so taking all that information in and..you know, and not knowing what to do with it..you know it would make me physically sick you know, I would get really sick..you know 'cause I like who do you talk to about, why do these people look at me this way, like who do you..just sounds so petty..you know..so you don't talk about it..'cause you don't know how to talk about it 'cause you don't know really what's coming at you, it's just a little look or the attitude or at Safeway they counted out everyone's change when it came to your turn they took it, just stuck it in your hand you know, all the three people ahead of you..Hello..hello..hello..How are you doing..and then its your turn and you get silence..you know so it's silent pressure..puts pressure on our health..

Natalie succinctly explains how the collective experience among the urban Indigenous community is that of being placed in the lowest cauldron of the social order especially in the city that is home in addition to White Canadians a prominent minority of immigrants especially from East Asia.

N: I think as a person of color you have to..kind of understand you know [referring to the interviewer]..but..as a native person that's..like we're the lowest on the totem pole..you know.. in the city, even below a White homeless person...

As Natalie goes on to explain, for members in the Indigenous community, past legislation and policies coupled with contemporary experiences of societal racism communicate to members in the Indigenous community their place in society as being placed with inferior value and is one example of how structural violence elicits responses of hurt, fear and distress.

6.3 Institutional racism

Institutional racism as earlier defined holds and maintains inequities occurring within and between institutions of society in the form of legislation, policies, and discriminatory and biased treatment according to race. Another element of institutional racism is how individuals operating under negative biased assumptions towards certain ethnicities or races within those institutions result in inequitable impacts. One part of this structural violence produced by institutional racism experienced in the Indigenous community were the general commonplace experiences of biased and discriminatory treatment of Indigenous clients in institutional settings and encounters based on negative assumptions and stereotypes. The impacts as experienced by community members are the subsequent applications of double standards in services towards people of Indigenous backgrounds. *Racial profiling* that is operating under stereotypical assumptions based on often implicit biases towards particular ethnicities or races has real impacts on how one is encountered by police, assessed by judiciary systems, evaluated in health care settings or the kind of course of action that is taken by social workers in situations of crisis or chronic challenges with clients of Indigenous backgrounds. Interviewees noted how being applied with discriminating stereotypes

results in the inability to receive respectful, culturally sensitive, adequate or at times critically urgent care with direct negative impacts on Indigenous people's health.

T: I think it's probably, like, equality versus equity. When we talk about equity and services.. and even something simple as how a person is treated when they go to a doctor or, the amount of Facebook stories I see of people they know, especially at Surrey Memorial, that's notorious for prejudice and racism. You could have an elder going there, and need immediate care, like, let's use the (elder) cerebral palsy as an example, you would think by looking at her and talking to her, people always assume she's drinking or she's drugged, and she doesn't even drink. But they get ignored for services because they're just talked up as a stereotype although they don't.. When immediate action should be taken and it isn't. That again puts that client at a level of, well, what, look, I'm trying to trust the system and I can't. So..

Community members pointed out how similarly to historical policies and institutional practices such as in the residential school era and the 60's Scoops, contemporary practices within the *Ministry of Child and Family Development* that provides families with social services continue to favor the practice of separating children from their families and communities instead of funding and employing alternative strategies. Governments continue to fail in adequately addressing problems with housing, disabilities, unemployment, low self-esteem, educational needs, poverty, domestic violence and substance abuse that would allow for and create conditions for families to stay together.

D: Canada should be providing that's the system of positive re-enforcement, you know, to help the families, instead they're there to destroy and disconnect them. I can't tell you how many kids are apprehended and adopted.

B: umm..do you mean today?

D: yeah..yeah it's uh.. continued genocide on part of the Canadian government, they keep dislocating families. In the worst possible way they would rather pay outsiders to look after Aboriginal children than the actual Aboriginal People in the family themselves.

A group of professionals interviewed at an Aboriginal Friendship Center that offers culturally safe programs and services for families noted that clients that come into contact with family services for example in maternity wards or while accessing health care services are often faced with experiences of racial profiling. In the institutional setting they are often "flagged" stereotypically as high-risk, as substance abusers, or as potentially challenged and poor mothers and parents and subject to more aggressive interventions.

T:..But with our mums, they don't have a choice. They're coming to your house whether you like it or not. And if they find that it feels like it's an excuse or a reason, they're coming with a social worker or police officer.

F: (A social worker that) walks in and says, why isn't this baby in the NICU

E: They just assume..

T: They be ..why would he be in the NICU. Or you were drinking. No, I was not drinking. You don't have housing, you don't have this. We've got phone calls on the weekends. They're not, they're gonna take my baby. She had housing, she had four other children in her care, she's not an addict she's not ...in her addiction at all. And they just immediately, on visuals alone, that baby should be in the NICU and not going home with this mother. And they took our word over the phone, no no, she's fine, she has housing, she has..

Part of the structural violence and institutional racism is the failure to address the ways in which past historical experiences under policies of assimilation and political suppression have as forms of institutional violence contributed to contemporary health

problems and challenges in the Indigenous community today. The ongoing experience is that that passing governments and responsible authorities have failed to identify, consider and respond with appropriate programs and funds to tackle challenges pertaining to intergenerational health and social issues in Indigenous communities.

I: What are the sources or causes of unwellness or sickness?

T: Poverty. High-risk situations, domestic violence, anger management. ..which all stems from, past history. Is what I see in my line. So, like exactly what (D..) said, her parents learning how to parent, their parents having to learn how to parent. That's our mums right now, grew up in the foster care system because their parents were never thought how to parent and their parents weren't taught how to parent so, how are they expected to do these things that they're being told that they need to do? They literally do not know how. So..And whether their brain function can maintain the information. It's up for grabs, right? They didn't get the help that they needed when they were in care, they didn't get the services that they needed, so they're a product of that as well. And now they're having these babies, that, if we don't get in there early enough, are gonna have the exact same problems that their parents had. So early intervention is key. But poverty is a big one.

Instead of acknowledging and addressing the deep historical roots behind contemporary health and social challenges such as poverty, unemployment, substance abuse, child neglect, low self-esteem and crime, in community members experiences Canada continues to follow a “law and order” type of approach. For Indigenous mothers and families community workers noted, being Indigenous leads to being overtly and more harshly monitored in institutional settings, and family services are conducted upon families in a biased, non-collaborative and even deceitful manner. Once parents loose custody of their children they are not able to retain custody of their children in a healthy time frame and are faced with complex bureaucracy. Another community member Peter whom had been convicted of public drinking on several occasions while suffering from alcoholism and a challenging family history pointed to the poor judgment and futile negative impacts of the justice system. While it has been unable to take into consideration both his traumatic personal and Indigenous history the snowballing impact has been an expanding criminal record and increased time spent in incarceration.

B: Oh okay yeah..so do you think like uh society or like government institutions have had like a negative or positive impact on your like an impact on your health?

P: I would say it's more the court system that has had the negative impact because they don't uh.. they don't take, they don't really take the Aboriginal, the Aboriginal history seriously enough..like uh..the Aboriginals been through like a lot with alcoholism eh? And uh..I don't know..I..Its no ex..I....I don't know I guess uh..I find that it uh a..how do I say this..exaggerate so to speak..like that should be considered all the time when people go to court..like...I think the court system kinda..kinda messed me up a bit.. 'cause uh.. 'cause I was an alcoholic and uh..they kept keeping me on no drinking conditions.

B: What does it mean when you..when they put you on like that?

P: Like I..if I get put on no drinking condition I'm an alcoholic I'm not..I'm to abstain from drinking alcohol..yet I'm an alcoholic and I..I tried to expl..tell the judge that and he just scuffs it off..like its nothing until uh..I start racking up an extreme criminal record of uh..numerous breaches..and then..I dunno it just ended..it ends up snowballing.

Experiences of how members in the urban Indigenous community have been treated by institutions and in institutional settings historically compared to their experiences in the more recent past reveals to them a continuity in the double standards by which they continue to be judged and profiled. Karl recalls how just recently he was surprised at

the front door of his home by a team of policemen. Dressed in vizors and boots armed with rifles that they pointed at him at the door, they twisted his arm, handcuffed him and forced him to kneel as they searched through his apartment. They had received a false anonymous tip that Karl had a rifle and was going to commit suicide. The overaggressive behavior of the policemen that at first thought should have been a wellness call reminds Karl of incidents in his younger days when his father was beaten by a team of policemen for no particular reason and himself repeatedly being stopped and searched, or held in custody for no satisfactory reason. Institutional aggression and violence perpetrated by the police are threats that members in the Indigenous community continue to have to deal with on a regular basis. Indigenous community members expressed that protest and advocacy for social justice may lead to being portrayed as rebellious and as potential terrorists and insurgents in similar ways as they have been portrayed in the more distant past.

K: So I've found suspicions of, about their investigating what is there? And because I am pretty vocal and organizing a lot of marches. When I'm demonstrating.. and I have a lot of experience with the government you know and charging for terrorism and stuff like that, you know, that's just the reality

B: Has there been charges like that

K: No.. the way the government works going..or they go about it.. There'll be another demonstration down in Kitsilano area, and the people that are running the demonstration at that time would come up and ask me are you okay...you know..are the police bothering you.. I said no.. I was just there demonstrating..along with them.. but uh..was wearing my residential school t-shirt 'cause I'm a survivor of residential school. so..It's reality you know that they can still charge you for terrorism, if it comes down to it and I'm pretty afraid.

Margaret who is Indigenous and works as a police officer has from her professional perspective witnessed countless occasions where the police have a pattern of treating Indigenous cases with more severity and less compassion than their White counterparts. It entails applying a law and order approach that is unable to bring real solutions and in Margaret's view it is a pattern of discrimination that has far-reaching historical roots.

B: Umm so if you'd have to like generalize because you've been working as a police officer..what types of experiences have you had in general about those situations where Aboriginals are treated differently like kind of?

M: I think it's just the attitude of how we treat them..umm most of the files are the same that I've been through with Aboriginals so, it's a lot of domestic violence, uh..when it gets to that point uh of alcoholism, drug abuse, um or neglect of their children, uh..but as police we don't, we don't get into the background that why it's happening right, we just arrest and put away, and that's a band-aid solution, it's not even a solution at all, uh so, that's upsetting but, and how people, like you can go to the same domestic violence situation with a First Nations couple and White couple, with the same police officer, it's gonna be a different, it's gonna be a different outcome, it's gonna be a different setting, definitely

B: So would you say that, if I'm interpreting you correctly that the Aboriginal cases are treated more like with more s..

M: They are treated ..severity.. Yeah they are treated with more severity with more aggression definitely, one hundred percent.uh.. but that's..the way it has always been..and I think these problems are more severe up north..because these reserves are so isolated so the alcoholism is even worse than what it is down here.

While Indigenous cases are treated with more severity they are also treated with neglect. Margaret notes how responses to house calls generate different outcomes where both police officers and social workers respond to Indigenous cases in a manner that

neglects to provide real help or consider the complex deep rooted histories and intergenerational impacts that lay behind the challenges Indigenous clients face. For the Indigenous community legislation dating from the colonial era continues to subordinate, define and order Indigenous lives and communities in many fronts as one interviewee expressed “Canada lumps us all in to one and broad strokes.” It is part of what Indigenous community members referred to as *the system*, an enduring regime of the colonial and postcolonial power structure with governments that have historically participated through policies and practices in profoundly altering and transforming Indigenous lives. It is the system that was responsible for legislation and policies that subordinated Indigenous people, condoned land theft and engaged in cultural and institutional violence. Under a racial ideology and ethnocentric notions of value and normativity, Canada engaged in policies and practices to assimilate or eliminate Indigenous peoples presence and distinctiveness in the Canadian polity. It was the system that was responsible for establishing reservations and the underfunded and under monitored residential school system where instead of receiving quality care and education children were neglected and child abuse was rampant. And it was the system that produced both the residential school and the 60’s Scoops that favored the practices of removal of children from their families instead of other forms of education or assistance and that is largely responsible for a great amount of social suffering, poor health and intergenerational trauma experienced in Indigenous communities.

One element of historical and structural violence and institutional racism acknowledged by community members is how Indigenous peoples struggles have been ignored and their voices gone unheard or deemed as not credible as they have attempted to communicate their experiences to the government and the public. There has been a pattern of neglect from the government’s part to react to reports of misconduct and also attempts to hide misconduct conducted by White settlers and the government and its institutions. As mentioned in earlier chapters many of the government’s policies are in fact seen as recurring *veiled attempts of genocide*. Past experiences of governments failing to react to suffering experienced in communities coalesce with the more contemporary experiences of neglectful treatment towards challenges Indigenous people continue to face. Issues of poverty, poor health, lack of housing, unemployment, social problems, the prevalence of suicides and substance abuse are some of the problems which many see as the direct result of policies initiated by past governments.

The lack of resources, underfunding and the apathy of the contemporary government in addressing these issues produces an experience of enduring structural violence perpetrated by the Canadian government.

D: The health and wellbeing of our People was once proactive. The Canadian government deals with us on a backdoor basis. All of our People across Canada should have running water and electricity, there are in this day and age people that do not have that, are dislocated from their motherlands because of resource extraction. Fiduciary responsibility. Our interests are supposed to be protected. That involves the land the resources and our People. Our medical and dental and..what was the other one..medical..dental and education is supposed to be afforded to us as Aboriginal Peoples of this land..but it's again lip service..many of us have to get student loans to afford our education, and still gotta pay it back then. There are no jobs for us coming out. So our leadership is really a double edged sword.. even amongst our own People 'cause that measurement stick is really harsh. Our young are dislocated from their families, schools, the runaways.. the suicide.. you know.. we shouldn't be dealing with this and yet we are.

The underfunding and apathy towards attending to homelessness and substance abuse in policy and practice are but one example of the continuing experience of purposeful neglect of Indigenous lives by the government. There is also an experience within the Indigenous community that in the civil society and media there are silences, distortions and omissions, an undermining of Indigenous standpoints and perceptions of history, the true histories of Indigenous-state relationships with its violences and impacts on present Indigenous struggles. Indigenous experiences, issues and challenges have largely been absent in classrooms, official histories and in general, societal discussion. Several community members mentioned how in wider society many Canadians are inconsiderate of the past and the special relationship between Indigenous peoples and Canada. Indigenous people are portrayed through yet another stereotype as “free riders” that get everything free from education to healthcare benefits when that is in fact, not the case. Community members noted on several occasions, how the coverage of news pertaining to activities in the Indigenous community, causes or challenges in mainstream media is absent or largely marginal.

A: ..I'm so glad that pole is up..people need to know. There's so many stories that haven't been put out there.. that walk for reconciliation that we took the door. To fight about. You know that there's stories there..it seems a lotta people they don't want to listen..they dont want to hear that kinda stuff. They they wont put that stuff in the news..alright..a little sign o hope..alright that's a positive..they don't want that..right..in the newspapers there was only in one paper I looked, I looked at one paper, the story was only in one paper and it was one of the free ones..24 and that was it right..we were in the news yeah but it was like probably a short clip..not enough to put the feeling out there at least.

It is a continued experience of a system broken, no one coming to help both in the past and present by the government or the civil society that is experienced both personally and at a collective level. Indigenous communities both back home on reservations as well as in the city are faced with many challenges and the experience is that they are left to brave through these struggles on their own.

B: So what do you, what do you think the reason for that is? [Apathy towards Aboriginal Peoples problems]

M: I think it's, the system is broken, it definitely is it's broken, it really is..and umm.. we can only hope it's gonna get better I mean

their making some improvements, but even with foster care and all the First Nations kids that are there and are committing suicide, it's so sad, umm I mean my situation wasn't that dire, but it was dire enough that I was complaining about it, and nothing happened.

It is the system of governments that continue to follow a historical pattern of unfulfilled promises and superficial sympathies in what community members call “lip service” that disguise darker the motives towards Indigenous people and that has defined native-settler relationships. Mainstream providers failure to identify client’s needs correctly and get the right services at the right time to clients often results in misallocation of funds and a mismatch of needs and services that result in ineffective programs, experiences of “falling through the cracks” with generational and intergenerational impacts on social wellness and health. Cutbacks on services, an inadequate supply of services and also lack of the right kind of services to meet needs in the city in proportion to the size of the Indigenous population means long waiting lists to receive vital services whether in social services, health care, substance abuse recovery or housing contribute to sustained unwellness in communities.

Community workers observed that families need more support, more knowledge and empowerment in a broader sense in maintaining a family, in parenting and functioning in their everyday lives. Many parents have themselves grown without the benefit of being cared by a family because of parent’s or grandparent’s residential school attendance and intergenerational impacts. Community workers identified that many clients suffer from dejection, a lack of confidence and discouragement in seeking out and navigating health and social systems. Support and advocacy is required to empower clients to be able to take control of their lives, make positive transforming life choices and advocate for themselves. There are gaps in Indigenous knowledges and practices of maintaining health, identifying health challenges and knowledge of when to seek professional medical help. As one community worker noted many families don’t know how to identify health threats and have to be educated and also relearn practices of how to attend to health. Community workers conclude that for Indigenous families there is a great gap and demand for culturally relative services that they feel safe in accessing and that focus correctly on the issues and needs of families. One of the problems with mainstream services in addition to harmful stereotyping is that they do not work enough in preventive care for example in terms of child apprehensions and may therefore participate in feeding cycles of trauma. It is only after children are apprehended that

children receive the services that they need leaving families scrambling in efforts to regain custody and access to their children.

6.4 Mistrust in “the system”

Encounters in the community during fieldwork coupled with the interviews conducted with community members communicated dispositions of deep mistrust and fear that community members harbor towards the government, its institutions and representatives of institutional domains. One community member pointed out how there are many reasons why community members suffer from a variety of health issues. One of the reasons are the past negative experiences in mainstream health care and social service settings that have had impacts on whether community members view mainstream services as reliable, accessible and safe. Past experiences have impacts on whether members of the Indigenous community feel comfortable in using main stream services, when they seek services or whether they seek services at all. A common professional experience of community workers was that Indigenous clients very often encounter stereotyping and discrimination that has impacts on the kind of social and health care services they receive. In their experience Indigenous clients are very often stereotyped as intoxicated, as substance abusers, immediate go-to assumptions that have real impacts on whether clients are able to receive appropriate, at times urgent care and help. Institutional bias and profiling have resulted in a general mood of mistrust and fear towards institutions that provide health care and social services among other things. In terms of seeking out preventative or urgent healthcare services there is procrastination, stress, anxiety and fear of whether one will encounter bias and racial profiling, whether one will receive the right services and care and whether families with children are profiled as high-risk and reported to social services.

T: Our families at a lot of times aren't comfortable even taking their children to a doctor or to the hospital because they are flagged, as, high-risk or, even simple as a mum going, it's supposed to be a wonderful time when they have their baby for the first time, their very first child and, it's a good chance they're gonna be apprehended at birth. ...because, Their thinking too is, if I take my child to the doctor, that's a chance that doctor is gonna find a concern and call the welfare and they're gonna come take my kids. Which happens, because they get stereotyped.

Mistrust and fear towards mainstream health care services results in procrastination, stress and reluctance in seeking care for even urgent health issues on time and neglects in seeking out preventative care such as prenatal care or dental check-ups that in turn presents higher risks in terms of health. Mistrust and fear in services result in community members not feeling safe and therefore not using services or “holding out”

to the last minute before accessing services that they would have benefitted from earlier and in some cases resulting in irreparable harm to health.

N: ...so I think we have a..we have a natural justified fear of those that were supposed to help us..so..with our kids..you will see our kids umm.. you know getting really sick before their brought in..you know..I know..I remember feeling upset for some kids well..I'm thinking well when they weren't feeling good I wondered why..I didn't wanna ask it but..now that..like they're like in the hospital and they're so sick and their fever and I'm like..It shouldn't get to that point! You know but that..I needed to go back to..you know..so..it, still impacting..the experiments and negative treatment that any one of our People have, it's impacting the health of our children still..and babies.. 'cause their only brought in when their really..past..you know they'll ask for prayers..I'm like..I'm annoyed..you know..when I'm reading it..I don't say oh..you know..I'm kinda pissed off..at them..even though I understand..the fear..you know..that I'll, I want to say is ..you should have brought them like in four days ago..you know.

Some community members harbored general suspicions and mistrust towards “White man’s medicine” in general as medicine that is faulty and leaves patients confused and misinformed sending patients quickly on their way. Community members expressed mistrust in medicines that may have troubling side effects and even cause disease. One interviewee exclaimed that Western medicine is like a game that keeps forcing you to come back for more with no real cure and where people in the medical profession are partly in it to make money for themselves. Community members noted how there is a pattern of curtailing medical benefits year after year by the government and therefore attempts by the government to evade fiduciary responsibilities resting on historical treaties and the foundations of Indigenous-settler relationships. Policies in terms of medicines covered under the exclusive benefits system are influenced by moral judgment and perhaps even economic benefit. For example while certain benefits are taken away, certain essential benefits remain revealing hostile motives as one interviewee described.

M: umm.. but it doesn't affect me too much because I have a good job and I'm covered by the federal government that I get the additional services. But when I was a student, uh.. when I wasn't working for the government every year there was something that would be dropped, and what will never ever be dropped is birth control, they will always give us free birth control. But what they'll, what they, Tylenol 3 is off because its quite addictive, but at the same point your gonna give us birth control, but you're not gonna give us painkillers? So that's always been my thing about telling people about how healthcare is, it's very judgmental right, very biased, you know..and I always say you know, we'll always get free birth control, because you know gosh if we're..we're.. I do feel the government doesn't want us to reproduce anymore because they do have to give us extras right, 'cause how they treated us in the past.

But fear and mistrust also emanate from a far wider and overreaching experience of mistreatment and discrimination in Canadian society largely carried out historically by governments and institutions upon Indigenous communities. Contemporary experiences of racial stereotyping and institutional bias in social and healthcare service settings fuse with past experiences of discriminatory treatment that have undermined Indigenous concerns, voices and input. Many policies such as education have been cloaked under humanitarianism when they in fact are seen as serving the disguised often economic interests of the state. Disguised policies under the cloak of humanitarianism have also

been accompanied with practices of neglect in the form of turning a blind eye to the voices, needs, health challenges and the marginalization and suffering in Indigenous communities. Policies and practices of the state are by many perceived as part of a disguised genocidal pattern resulting deep mistrust of the government and a generalized fear.

N: but the bottom line is it's.. it just turns in to this generalized fear and anxiety of the people who should be helping us 'cause those were the people that hurt us, whether it was in the residential school or boy homes where our kids were sent to continued education umm.. or just generalized racism that we experienced we don't know.. ..we don't know if we gonna get the right help.

As community workers along with other interviewees pointed out, mistrust and fear is something that for many Indigenous clients influences how they view and participate in wider society. Part of the population suffer from traumas of their past, fear of society or have low self-esteem and have come isolate themselves. Not well enough or out of fear they are reluctant to leave home and go out in the world to find opportunities, work or acquire an education. As one community member explained it becomes an experience of being tucked away, isolated from society or even stuck in a harmful cycle.

D: And then, you know because there's so much less opportunities for people to actually have full-time jobs, and there is always that little bit, you know, we have a certain amount of population where they're too scared to leave home to go and get an education or, they're stuck in that cycle. Right? So, there's so many things that we could talk about that stem, all from, residential school and colonisation for our people.

Mistrust and even hostility towards White Society, generalized fear towards government institutions that is embedded in the intergenerational experience is something that parents pass on to their children. As several community members explained children watch how their parents function in the community, how they fear schools, institutions, authority and police, and children come to learn and adopt that fear and mistrust themselves. Some community members mentioned *victimity* as part of the harmful cycle, an identity and a collection of meanings and narratives that are repeated and prevent some community members from moving past a painful history. Others made note that the continuing experience of systemic racism and institutional violence and the continuing disregard of Indigenous voices and causes in society, are conditions that continue to sustain Indigenous Peoples suffering and cripple efforts to heal from a traumatic past.

N:A lot of you, a lot of your parents, a lot of your grandparents wonder why our People are so, I'll say messed up, why were not so connected, why were not connected in society, and one of the things that people always say is, "Why don't you people just get over it..why don't you people just get over it." But society doesn't let us forget it..Just walking down the street as an Indigenous brown woman..it doesn't matter how old I am..you know I'm a grandmother..someone walks towards me and gives me the attitude, or they walk by me and they don't know what to do..so it's either a man walking towards me like this, straight like..well I transformed it into "I have power over them" because..I was walking down the road ..went to the store to pick up my grandkids and a fellow will transform, there walking down the street were two guys, they see me and all of a sudden their like, you know I get this look, like I can have you, oh your easy, oh you probably drink, your probably a crappy mother, but I'm none of that, I never got into

alcohol because I saw what it did to our People, I'm an intergenerational survivor of ten abusers, including residential school, including intergenerational survivors, because so many were abused from very, very young, whether intergenerational, or the residential school.

6.5 Conclusions

This chapter has proposed that Indigenous community members in contemporary Canadian society suffer from experiences of structural violence in the form prejudice, biased treatment, and neglect ranging from encounters in public places to institutional spaces and in applications of government policy. What can be interpreted as structural violence are the experiences of structural racism in society in the form of stereotyping and hostile attitudes in everyday encounters and exchanges in the public spaces of the urban environment. Structural violence in the form of institutional racism is experienced in encounters within public institutions such as public service environments. These encounters are often ridden with experiences of biased treatment, racial profiling and “red flagging” that involves Indigenous clients being stereotyped and labeled as problematic, deviant, dangerous, risky or unworthy. Experiences of being singled out, surveilled and policed, hostile and disrespectful attitudes, disregard towards Indigenous culture and history, harsher treatment or neglectful treatment were common experiences of ongoing structural violence among Indigenous community members. Often services encounter clients in a biased manner and are inconsiderate of Indigenous culture and historical preconditions resulting in a failure to provide the right suitable services at the right time for Indigenous clients. Neglect and underfunding of Indigenous social and health challenges and disparities is one form of institutional violence present at the province and state levels. In this sense there is a perceived continuity with past and present policies and practices by the state. Canada continues to define Indigenous identities in legal-political discourses while the experience is Indigenous issues, voices and input continue to be marginal or silent in public discourses. Harmful stereotypes of Indigenous people as free riders persist while the community suffers and braves through acute debilitating social, health and economic issues that are neglected and underfunded, a condition that is seen as a continuation of a veiled policy of genocide. Braving through social and health issues, substance abuse, poverty, unemployment and troubling pasts coupled with hostile environments are *stressors*, elements that causes chronic stress and perpetuate poor health intergenerationally and obstruct healing. Living in Canadian society for community

members is a continuing experience of a system broken and “no one coming to help.” Mistrust in mainstream public services stem from both past and present experiences of institutional bias, experiences of not getting the right service and fear of biased treatment in service environments. Mistrust contributes directly to health as Indigenous community members are reluctant in using mainstream social and health services. While using public services it is for Indigenous community members a source of heightened stress and fear. For some community members personally and in their view in the community the disposition in general is one of mistrust and even hostility towards the Canadian society itself while Canadian society is hostile to the Indigenous. The experiences of institutionalized racism, cultural and structural violence in the past leading up to the present has caused alienation from society and an emergence of two realities or worlds, the Indigenous and the White worlds that are on different paths in terms of their struggles, goals and ethos in society.

7 Healing

As suggested in the theory section of this thesis healing also is a profoundly cultural project that is embedded and emergent from the interrelated conceptual networks of health, illness and healing. As suggested in previous chapters what healing means emerges from the contexts of sociocultural and historical forces and present conditions that a particular community is placed in. To reiterate, what is determined as healing is dependent on the networks of meaning that inform how health and illness are understood. But as suggested by Miller (1994) healing is a liminal space that is as illness polysemic and not necessarily diametrical to our notions of illness, sickness and disease. She notes that while healing is often understood as processual, symbolic and performative, as movements from illness to healing, healing can also be understood as something else than curative and restorative. In this section of my thesis, I attempt to highlight areas of meaning for healing in the urban Indigenous community that I have assembled under three conceptual categories of survivorism, reconciliation and healing with culture. As in earlier chapters, I highlight the theoretical concepts that I have chosen to accompany the meta-theme and then with the concept reflect the experiences of members in the researched community.

7.1 Survivorism

The Cambridge Dictionary (Survivor, 2020) defines the noun *survivor* in several ways as “a person who continues to live, despite nearly dying”, as “a person who is able to continue living their life successfully despite experiencing difficulties” or “A person’s survivors are the members of his or her family who continue to live after he or she had died”. Survivor or survivorship has been applied to denote post-event experiences after highly challenging situations in many areas of human life. Survivor has been used to describe statistical outcomes of survival rates and healing in biomedicine (Demark-Wahnefried & Young, 2008), after life changing illness (Spiegel, 2012; O’Daniel, 2016; Maynard, 2006), after life threatening events (Ethridge 2006), domestic violence (Hearns, 2009), severe injury (Messinger, 2010), war (Ledgerwood, 1994; Zrally et al., 2013), genocide (Hill, 1991), political/state /institutional violence (Park, 2009; Rossiter & Rinaldi, 2019), in survivor guilt (Juni, 2016), poverty (Edin et al., 1997), institutional racism (Ropp, 2019; Smalls, 2018), surviving distant pasts intergenerationally after genocide (Kidron, 2003) or colonialism (Bond-Maupin, 1995; Ventura, 2005). In community members vocabularies *survivor* was a frequent term used to describe historical dimensions involving past traumatic events and life courses as well as present dimensions of illness and health, joined with future aspirations of healing. Personally survivorism pointed to a post-traumatic condition and identity. Community members who identified as survivors had emerged from and survived traumatic events and a great amount of hardship. Collectively survivorism was used to describe a post-traumatic condition of a community, the Indigenous community as a whole that through the course of colonization has suffered and survived recurring traumatic events. Survivorism also pointed to those in the community that did not survive the past, from epidemics or residential school, in similarity to casualties of war. While in the community there are those that continue to survive, endure or even thrive there are those that “fall off” and do not survive the enduring tragedies of their past. They are survived by family and community members that are left behind to live with a host of residual emotions ranging from anger and rage, to sadness and guilt. Four dimensions of survivorism located in data that follow in this analysis include *residential school survivorism*, *alcohol survivorism*, *intergenerational survivorism from colonization* and *surviving the present*.

Residential school survivorism

Residential school survivorism, for Indigenous community members, is a collective intergenerational identity of a body of people who have attended residential school, lived through and survived the experience. It is also an interest group as reconciliation processes have initiated policies of reparation and compensation. Of those who personally attended residential school many endured various forms of psychological, physical, sexual, cultural, spiritual and emotional abuse that has meant having to embark on a long road of recovery to heal from various forms of wounds or trauma. These traumas have had impacts on identity, self-esteem, emotional health, causing chronic tension in the body, and pain, anxiety, resignation and fears at times incapacitating and have had impacts on how members are able to live their lives in society. For the three people interviewed that, had attended residential school and endured violence the path to healing has been found through remembering the experience, trying to survive with the experience, to understand and come to terms with what happened. It has also entailed understanding why they suffer from particular symptoms, negative emotions and sensations, negative beliefs, thoughts and internalized practices and how they are related to the traumatic events. It is also an experience of surviving with debilitating symptoms, trying to cope with them while engaging with efforts to find healing and relief, to move away from the traumatic past.

Understanding the events

For Natalie, Paul and Karl, having to survive began in the dorms and hallways of residential school. Since then surviving residential school has meant a life course of coming to terms with their traumatic pasts. All three former residential school students had either seen psychiatrists, counsellors or attended Indigenous group therapy sessions called *healing circles*, a type of culturally informed traditional talking therapy to re-examine and understand the abuses and impacts they have had to endure. Finding healing has entailed re-examining and reinterpreting the past within the present contexts and understanding that what they had to endure was wrong, criminal and a form abuse and institutional violence. Surviving has involved coping with symptoms of trauma that spring up from time to time as chronic stress, depressive feelings and befuddlement, anxiety and lack of concentration. Recurring reinterpretations and attempts to figure out the past with present symptoms and conditions, has lead to understanding the past

through a framework of institutional abuse, trauma and impact. Surviving and finding healing has also been a journey in understanding trauma in one's life course, the challenges with mental health or past alcoholism as a natural outcome of horrific incidents and past circumstances. Finding healing has meant finding compassion towards one self as a survivor. It has also entailed collective mourning as a community of an intergenerational group of residential school victims. Community members mourn for those that have not survived along the way as well as those family members that continue to endure and survive in the present. For residential school survivors one of the traumas left behind are the negative beliefs of oneself and low self-esteem after the stigmatizing and dehumanizing treatment and abuses residential schools introduced. Finding healing as residential school survivors for Natalie, Paul and Karl has meant working towards to retraining and educating one self away from the negative beliefs that were instilled in residential school. One way to heal has been bringing the once stigmatized Indigenous culture and identity back into their lives to heal away negative beliefs, to find and re-ground one self with a healthy Indigenous identity, culture and a meaningful life in the community. It takes place by finding wisdom and guidance in the traditional *teachings*, the philosophies, morals, values and traditions passed down by elders as oral stories and with following voices of ancestors that guide from beyond.

*N: Yeah..and..so..its a big part of our teachings.. that I had to relearn to help my health.. and I've been very thankful you know and gratitude is a big teaching that I really accepted because as a **residential school survivor** you learn is not what you did right but what you did wrong, its what you did right, shine the whole floor but that one little speck you have to do the whole floor all over again.... we don't know that it means listen..it means listen to me as a parent or as a grandparent..yeah you gotta listen and umm.. so the teaching of everything in its right time helps you with patience..helps you to just relax when things aren't quite going right..that's okay, everything will happen in its right time..you know helps you to live your life with patience..*

Surviving and not surviving with substance abuse

Miller (1994) describes healing as a journey and a pilgrimage into the liminal to search for healing with undetermined ends. All community members interviewed had a parent, sibling or child that had suffered from alcohol or other substance abuses. A common experience was, alcohol and substance abuse has been for community members a form of medicine to resort to, to survive everyday life. Alcohol and drugs are used to soothe away the pain from trauma, to cover up many kinds of hurt whether from abuse in residential school, abuse or neglect suffered in families or general feelings of displacement. Alcohol and substance abuse are a way to try to survive, forget and recoil away from both the painful memories of the past and disassociate from the bleak

realities of the present. Paul, Karl, Adam and other community members that spoke explained that for many former residential school survivors and intergenerational survivors alcohol or drugs have been a type of medicine, a coping mechanism to survive and yet without bringing real healing. Community members intimated to how substance abuse has had devastating effects in the community contributing to suffering experienced by individuals, families and communities, resulting in unsafe growing environments, emotional traumas, brutal lives and premature deaths. All community members interviewed for this thesis had an immediate family member, a mother, a father, a child, sibling and loved one, that had died prematurely from either a slow death with substance abuse or an accident related death. Like many other former residential school survivors Lillian's mother struggled with addiction through out her life and like many others recalling painful memories in recent reparation hearings lead to her relapsing into substance abuse and her early demise:

B: Exactly yeah. Umm..So, your, you said something about your mum being like a residential school survivor. Do you think that that has had an impact on you or your siblings?

L: Yeah, she's struggled all her life you know with alcohol and drugs, so.. She was clean for the most part, and then when they started doing those reimbursement with the money and all that, it just came back and it hit her hard and she fell off and.. uh..you know..just to bring up the past, it hurt her so much. So I think that's what we were raised here in Vancouver was that my mum, got away from home. She left Yellowknife. She never went home for 22 years, so.. Umm..She, she kept us away from a lot of, her past I guess. Yeah she hid a lot of that..a lot of that from us. I didn't even know much about that until I got older too. And now it's, they want to bring that to the public schools which I think is really good you know. I even tell my son what it is, about residential school and the history behind it.

B: Is your mum still alive or?

L: No, she passed away, in 2007. Yeah..It's been ten years this year.

Community members describe that for some substance is a purposeful neglect of one-self and a form of self-destruction to divest one self from hurt and traumatic memories. Their way of enduring, coping and surviving trauma can be described as permanently divesting one self from traumatic memories. Substance abuse is one strategy of finding release and escape from a world of unbearable conditions hurt and traumatic memories that interviewees recalled many family and community members, residential school friends and survivors have resorted to. As one community member noted that while so many have died prematurely in residential schools due to raging epidemics, accidents and violence in the past many are still dying with the inability to cope with their past and find healing. Karl's sister was only in her early 30s when she died from severe substance abuse:

K: Yeah. She wouldn't understand...I was affected through her banishment.. she had a lot ..loss pain....she had of met up with another boy that was given up for adoption too and started asking questions and probably found the worst things out with it being regards to..dyifing..himself in her room...so she had a lot of problems.. I understand in Chinatown he hung himself in her room..so I tried to work it out with her butits all apart of the abandonment.. she died of an overdose.. yeah, yeah, She was already in her thirties I believe....I had to take care of her..really beautiful and I had to care of her when she died in hospice, last..I took her to the place as a last resort..and.. Umm..she died there. She died of all the things you get when shooting up you now like bed fleas..an

pneumonia...all of the body shut down...and .uh...so tb..and what ever else.. yeah, and uh..I couldn't do anything.. it was basically a favor that she died.

Surviving substance abuse

In this sense alcohol and drug abuse and addiction problems have become another condition, a source of illness that one has to be healed from to survive hence become an *alcohol or drug survivor* as Paul explained. All interviewees and many community members whether healing from residential school trauma, trauma from mental and physical violence in foster care or neglect and abuse in childhood families described that part of their personal healing processes and for others in the community have included having to try and stop a destructive cycle of substance abuse and move to recovery often with the help of trauma informed residential Aboriginal treatment centers. They have had to move away from a liminal space of an alcohol and drug induced stagnant state of being in survival mode to be able to genuinely attempt to work with and attempt to heal from their traumas.

Surviving intergenerationally

One element of *surviving* community members spoke of was how they have *survived intergenerationally* their family and community members and their ancestors in the sense that they are still around living and trying to survive in the world as individuals while others have succumbed to death often premature and unnatural whether due to addiction, accidents, illness, suicide or homicide. For surviving family and community members, it adds another layer of distress, trauma and anguish as ones left behind having to survive in the world with personal traumatic memories that continue to be relived and remembered in the present.

P: Yeah so I dunno I guess I can say I'm one of the lucky ones but sometimes I dunno..how can I be the lucky one.....oh..[pauses].....how could I be still the lucky one....[tearful]...(B: I'm so sorry) yeah ..thanks..Lotta times I think how could I be the lucky one..I still can remember and feel, I have all that pain..how can I be the lucky one..Sometimes I think the lucky ones are the ones that are gone, they don't physically feel or remember and have all that shame, hate, anger, sometimes I think they're the lucky ones..yeah...so its..I really don't like to use the word lucky because a lot of times I don't feel that I'm the lucky one. .sure I'm still around but..they're gone..but it isn't..they don't feel..I have all that anger..shame..like the ones that are still around today.

Another dimension of surviving intergenerationally in community experiences is enduring and surviving hardships and become *survivors*, an identity and procession, as a People, as First Nations as well as Indigenous locally and to the continent since colonization. For example Karl noted how through his grandmother he is an intergenerational survivor of the small pox era as well as a third-generation survivor of

the residential school system. It is an experience of enduring and surviving a string of attacks on health, liberty, humanity, identity and culture from colonization and colonialisms, discriminatory and prejudiced policies and practices and experiences of a deeply structural kind of violence. Those have included the firm subjection of Indigenous people under state power with unequal rights, social segregation, assimilation policies, epidemics whether deadly virgin soil epidemics or the more recent neglects of attending to epidemics of addictions of which the latest is the deadly Fentanyl that has caused an epidemic of overdoses in the city. It is an experience of surviving *a system* that is founded on a particular social order, surviving a history of social and political violence, policies and practices that have aimed to annihilate or transform Indigenous People to be *fit* for Canadian society. It is also an experience of surviving through over a century of neglect in observing basic needs, adversities, hardships and tribulations faced by Indigenous people, and a neglect of voices and points of view in terms of all matters including the health and wellbeing of Indigenous peoples. The progression of governments that have parsimoniously evaded responsibilities of those designated by treaties in uncompassionate and inhumane ways is but one aspect of the structural violence that Indigenous People have had to survive.

S: My grandparents lived to be in their mid and late 80s my mom was the last of the siblings and she was the oldest and she died at 63. What happened that that entire generation is being wiped, two decades earlier than the generation before that. Something profound happened. It wasn't just residential schools it wasn't just day schools, it wasn't just..drunk Indians living off of the charity, of the task keepers. It is what genocide looks like. According to the Canadian government, its policies its practices and its politics through to today. Not one of us woman who stand here with First Nations blood of us..in us..is supposed to be here when you take out a First Nations woman how many generations do you take out, why do you think they came for us first. Why do you think they still come for us first?

Surviving in the everyday world

Enduring experiences of systemic racism in Canadian society are what community members attributed to as on aspect of having to survive in the present. Surviving in the world, in Canadian society means having to brace one self every day exiting the door into the outside world, in public spaces, in encountering public service providers like the police, emergency medical technicians, doctors, judges, nurses and social workers. Many community members implied, that the city they live in and Canadian society in general, is a hostile space where Indigenous People must move with caution, pick and choose services and spaces where they can feel safe. They must always be ready and brace for the possibility or racial discrimination, judgment, hostile treatment and being assigned with negative stereotypes that may have direct impacts on the kind of services

they receive. At a societal level the hostility towards Indigenous histories and plight in Canadian society are part of the conditions they continue to survive in reflected in the wider discourses of silences and disregards towards historical Indigenous experiences and injustices perpetrated by the government.

N: What I'm doing is we need to, because my son, he just turned 40, when I started to be an activist, because I want better for my..for our kid..next generation but it's, he just turned 40 years old Leonard Peltier is still imprisoned, our men are still being killed, that's my passion and our kids are still being taken away and I watch the younger parents that don't know how to be parents, so what are we supposed to do, you know, like what can we do, what can I do right, you know we speak to sometimes hundreds and hundreds of people but its still not enough we need so like she said, we need your help, your being here does help us, the students, the students that helped out, you'll help me and the fellow students, 'cause what we want, when people say "What do you guys want, is it money that you want?" Its not the money that we want. We want people to understand our real story, the real and true beautiful history, but also the real history that you don't read in the, in the history books.

Survivance and Resilience

Survivance is a concept introduced by Gerald Vizenor (1999) as a form of Indigenous resistance and creative responses to forces of oppression. *Survivance* is a practice, a distinctive Native presence in the place of absence, and an active resistance and repudiation to dominance and themes of tragedy, nihilism and victimry (Vizenor, 2008). In community discourses and narratives survivance can be understood as having semblance to the concept of *resilience*. Kirmayer et al. (2011) point out how the concept of resilience has emerged from the spheres of biology and developmental psychology and psychiatry initially referring to specific traits and characteristics of an organism or an individual, an ability to adapt, adjust and transform and do well despite adversity and severe hardships. Fleming and Ledogar (2008) note that developments in research point to social aspects of resilience originating outside of the individual in the family, community and recently in cultural realms. In recent years socio-ecological views of resilience have emerged in to new realms as a way to think how individuals, cultures, communities in geographic and social settings and histories with colonization, loss of autonomy, political oppression practice resilience (Kirmayer et al., 2011). Andersson (2008) observes research in recent decades has increased understandings and distinguished Indigenous displays of resilience and increased research into resilience in how it is understood and practiced in communities. The Roots of Resilience research Collaboration for example, have approached resilience as a dynamic process of social and psychological adaptation and transformation in communities, and engage in community specific research to understand the diverse factors and meanings that

promote resilience, such as the core values, history, myths and sacred teachings appropriated in communities as they are faced with adversity (Kirmayer et al., 2011).

Community narratives of survivance and resilience

As one community member pointedly remarked, “we are still here” and implied how Indigenous people have been resilient in the face of attacks against their very being, their liberty, humanity and culture. They have survived and persevered as one community member voiced as a resilient body of people in the face of enormous adversities and hardships due to disease and against political and social forces that have aimed at destroying their very existence. It is a resilience that springs from the very distinctiveness of being Indigenous and Indigenous cultures and identities that the government worked so hard to erase. Resilience is a continued presence, activism, determination and perseverance for a distinct Indigenous existence.

A: (B: like forgive the government or something?) The whole system, everything, right I mean were sitting there we just went through a gigantic idle no more movement, because of the system because of..of residential school, because of the small pox epidemic right? I mean its all been planned from the beginning to get rid of us small pox epidemic..we're still here..residential school..we're still here, foster care system .. we're still here..right? What their getting scared of now is that our People are being educated. We're being lawyers..we're being doctors..we're like being everything out there that they don't want us to be and now we can actually fight back right? (B: Is..do you think that there's still like some system that is working to suppress) most definitely (B: And what is it, at this moment)What their next plan is right?

While colonization brought on immense pressure to change life ways, erase cultures and distinct cultural identities community members maintain that they have preserved important parts of their cultures, languages and distinct identities because of their ancestors that took measures to protect their culture. As Indigenous People they have continued to resiliently preserve a distinct presence in Canadian society by continuing to protect and preserve cultural knowledges, maintain cultural practices, languages and identities. They are elements that have survived despite the intergenerational onslaught of policies and practices that aimed to destroy Indigenous cultures and identities.

J...you know but today we need to lift our selves up and dust ourselves off and continue on the journey with singing our songs with speaking our language, those things that we're still able to do because we are very powerful People..we have persevered against many things such as the illnesses that have affected our People that we weren't accustomed to, something as simple as influenza, that killed our People off..uh..you know..so there are many things that we have survived...

Community members actively seek out a distinct First Nations/Indigenous identities and cultural practices that necessarily blend cultural elements from the entire pool of North American Indigenous cultures when needed that can be understood as practices of survivance and resilience. Karl recalls how there is much in common in North American indigenous cultures and how he himself has made personal journeys across

the continent and found comfort and pride in the knowledge that a distinctive Indigenous cultures continue to be alive and well in Indigenous North America:

K: Yeah..I was talking to you about that big medicine man, lot of the medicine men would went underground..lot of the potlatches and ceremonies went underground..so..a lot of that was saved..and..they went up into the mountains or the bushes where nobody could see them...they still practice..they're still alive and well..and we're talking about urban..urban natives and..when I talk to my kids all about what I know..and I told I went all the way down to South Dakota well I brought my kids with me. They sat there and listened to this elder thousands and thousands of miles away speaking same things that I've spoken about and the way I taught..My kids know I wasn't just talking flute. You know a person thousands and thousands of miles away saying the same thing...he wasn't urban he wasn't..you know we had to go back into a reserve and go over the same things that they're teaching here in the city..it's still there.

B: yeah..yeah..yeah..so it's not like been lost when they move into the city

K: With the reconciliation happening it's really hearing you know the sweet part is hearing our ways that were called heathen.

Community members point out how Indigenous people have always actively worked to have their voices heard through activism and resistance both in the past and in the present, despite political oppression. For many community members this activism, that is also part of processes of healing continues as a practice of resilience in finding ones voice again and using ones voice to speak against injustices, the systemic and institutional racism, neglect of Indigenous issues and health challenges, being resilient while facing the contemporary Canadian society. In community members experiences it is their parents, grandparents and ancestors that while endured suffering, engaged in activism, resistance and resilience that has enabled for them to survive and now be still here as Indigenous People and continue with the fight for justice and Indigenous rights in what is their homelands.

T: ..But knowing that there are people who work in our field of work that have just as strong of a passion than ourselves, and that if one person can make a difference in one or more lives, then we are successful. And as (T..) said, we are resilient. There is much beauty even amongst all of the tragedies that our families and within our own families have faced, that, we have still, held on to those cultural (pipes) and, we do the best that we can, we try to share with what we can with others. And that, as a nation, for all of what the Indigenous People have gone through in America is we're still here, and we were millions and millions. But the population that are here are very honored to say that my ancestors have survived, and that I am here because of those ancestors.

Part of the resilience and resistance in the past has been the engagement in the American Indian Movement (AIM) a civil rights movement beginning in the 1960s and 1970s, part of a broader global Indigenous rights movements that many older members in the community have been apart of. In recent decades reassertion of rights as First People of the land continues and recent activism has engaged in continuing to resist government encroachments with various high profile environmentally risky projects and economic exploitation. It is a continuing practice of resilience of asserting Indigenous voices through activism in Canadian society.

7.2 Reconciling with the past

The term reconciliation has been associated with and is understood as part of the field of transitional justice, a concept and practice stemming from the international human rights movement initially understood as judicial processes addressing human rights violations. As practices of retributive justice, transitional justice entails establishment of tribunals and truth commissions with operations of international courts in efforts to uphold accountability identifying victims and perpetrators, aiming at a recovery of truth, initiation of institutional reforms and processing claims to reparation (Zellerer & Cunneen, 2001). As restorative processes of justice found also in Indigenous methodologies transitional justice emphasizes goals of restoration, finding peace and reconciliation through dialogical efforts to repair and restore social relationships (Gerkin et al., 2017; Zellerer & Cunneen, 2001). Reconciliation within transitional justice processes entails a shared acknowledgement of the past, accepting responsibility and taking steps to re-establishing trust (Boraine, 2006; Fischer, 2011). Societies that have gone through processes of ethno-political violence and conflict are often marked by a loss of trust and a polarization and interdependence of negative identities of victims and perpetrators and there is often the need for reconciliation by identifying points of reality, identifying the other's humanity and moving past negative identities (Fischer, 2011; Kriesberg, 2007).

Seils (2017) identifies four types of reconciliation (1) individual reconciliation where victims in order to rebuild their lives reconcile with their past experience; (2) interpersonal reconciliation between individuals and restitution of relationships between victims and perpetrators through acknowledging past wrongs, reform and forgiveness; (3) socio-political reconciliation between social groups, social, political, ethnic or religious in divided societies; and (4) institutional reconciliation where institutions responsible for protecting fundamental freedoms must win back the trust of alienated parts of society. Reconciliation processes between Indigenous Peoples of Canada and the state began to gain traction in the last decade of the 20th century spurred by Indigenous civil rights movements resulting in the examination of state Indigenous policies and relationships. The Royal Commission on Aboriginal Peoples appointed in 1991 had objectives to "... restore justice to the relationship between Aboriginal and non-Aboriginal People in Canada and to propose practical solutions to stubborn problems" (Canada. Royal Commission on Aboriginal Peoples, 1996). The commission

was followed by the initiation of the Truth and Reconciliation Commission of Canada tasked at uncovering the facts of what took place over the course of the residential school system. This process has since produced an official apology to former students issued by the state and reparations to former students. A creation of a public record has been followed by campaigns to promote awareness and facilitate reconciliation in a renewed relationship of respect between Aboriginal Peoples and Canadians (Crown-Indigenous Relations and Northern Affairs Canada, 2019). This reconciliation process is continuing through addressing past policies like the 60s Scoops, by resuming recognition of Indigenous title and historic treaties while engaging in mutual repairing of relationships and supporting Indigenous socio-economic and cultural wellbeing (British Columbia, 2018, Crown-Indigenous Relations and Northern Affairs Canada, 2019). In this chapter I will discuss healing through the concept of reconciliation that I have located in community narratives and discourses of healing. Reconciling with the past in order to heal for community members, has entailed a movement onto a path of individual recovery, inter-personal mending of relationships with family and community members, as well as larger political and social processes of reconciliation where Indigenous communities are in renewed processes of treaty making and reclaiming self-determination. Reconciling with the past in order to heal for community members in the personal and family realm can be described as movements to a place where one can come to terms with ones painful past and where one can *forgive* past wrongs in personal relationships. Forgiving family members or members in the community after experiencing resentment, abuse and grudges was necessary to restore relationships and essential in order to move to a path of healing. It was also necessary to be able to forgive one self. As one community member Natalie noted forgiving is one of the oral teachings present in the Indigenous community. But for several community members forgiving was fraught with difficulty and one was not always able to let go of grudges and forgive. Reconciling with the past has also meant understanding the past in a new light in finding purpose. It has meant becoming empowered, finding voice in demanding justice and collective recognition for injustices and to be able to move on as individuals and as a community. I present three categories of healing through reconciling with the past I have identified taking place in the lives of community members interviewed, *forgiving the self, reconciling with the past, empowerment and activism*.

Forgiving the self

One element critical for moving to a path of reconciling with the past and healing for all individual interviewees as well as other members encountered in the community has been moving to a path of *recovery* from harmful substance abuse, mental illness and to heal from traumas from the past. While only some suffer from addictions both community members as well as Indigenous community workers perceptions remain that addictions, trauma and challenges with mental health continue to present a significant problem for many individuals and families in Indigenous communities. Moving into a phase of recovery from addictions and addressing and seeking help for mental health issues and trauma through culturally informed programs is a vital step for moving into a path of healing for individuals, families as for the Indigenous communities as a whole. Three interviewees disclosed they had attended an Aboriginal treatment center program that addresses substance abuse, mental health and trauma issues from an Indigenous trauma informed and culturally sensitive framework¹⁸. Culturally sensitive programs are for the most part run by Indigenous employees and provide Indigenous clients culturally safe care in safe and bias free respectful environments. They are trauma informed, observe the social and health issues and challenges that are typical for Indigenous clients and consider clients challenges from a historically informed perspective. Culturally safe care takes place when health care professionals remain sensitive to clients cultural backgrounds, identities and experiences, and is self-reflective in acknowledging balances of power and clients rights to self-determination (First Nations Health Authority, 2020). Culturally sensitive programs often employ the “*culture as treatment*” (Gone, 2013) philosophy that blends cultural holistic Indigenous methods and paradigms of health and healing such as the healing circle and sweat lodge with Western paradigms and programs such as the Alcoholics Anonymous/Narcotics Anonymous.

Paul is a residential school survivor that endured and witnessed various types of abuse in residential school. After years of evading traumatic memories by drinking that often meant guzzling down alcohol until blacking out and resulting a string of broken marriages, lost jobs and just being “sick and tired of being sick and tired” Paul took an important step on the path to healing from residential school trauma and alcoholism. He sought out assistance from a drug and alcohol counsellor and signed up on to a long

¹⁸ Tucker et al. (2011).

waiting list to be admitted into a drug and alcohol treatment center. Although partying and drinking all the way to the last evening before departure Paul was however able to commit to the program. Most helpful of the program, that also included discussion and group sessions, for Paul was the sweat lodge. It is a traditional healing ceremony that aims to purify, cleanse and heal the body, mind, emotions and spirit (Schiff & Pelech, 2007). Paul describes the sweat lodge ceremony as transformative in healing from addiction but also aiding him finding a new life course while coming to terms with the experience of failures from his past.

P: ..and uh.. what I believe that really helped me there..there's so much of talking then really..I guess it did kinda help..but where I really felt that really helped me was just the sweat lodge. I never experienced the sweat lodge before and.. have you been to a sweat lodge?

B: No I haven't it is like also coastal thing or?

P: Yeah its mostly prairies,interior..culture but they have a lodge and in the middle they have a circle where they put in like either 21 they call grandfather stones.Kinda like..lava rocks 'cause they hold the most heat. In a way uh they use 7..there they use 7 roun..grandfather rocks for each round..there's 4 rounds the first round is they said was for all the grandmothers..the females..who are out there suffering and.. the second round was for all the grandfathers..males..and the third one was for all the children..that are suffering because of the fa ..parent..parents alcoholism..and the 4th one was for you self..and the 4th one they said to you..really pray for what you need the most..why are you here..why did you come here..this 4th round is for you..so you pray for what you really want in this 4th round..I said okay..so I told myself in my mind..because I drank for so many years..lost a lotta good jobs..lost a lotta good wives, yeah and uh..so I said uh.. this fourth round I really gonna pray that I loose the cravings of alcohol all together in that 6 weeks..that's what I prayed that 4th round..and I'd loose all the cravings of alcohol..and it worked.

Many community members including Paul after 27 years of staying “clean and sober” continue to attend AA (Alcoholic Anonymous) meetings regularly. The celebration in their path of *recovery* and life long path of healing even after years of staying sober takes place annually among the community of former alcoholics in the form of a celebration of rebirth, a feast held where the person who is celebrating is expected to bring cake to other members in their alcohol survivor community. For others reconciling with the past has meant coming to terms with ones past in other ways. Reconciling with one self has meant finding compassion and forgiveness towards one self as an Indigenous person suffering from trauma and troubling behaviors. For Natalie reconciling with her self has meant forgiving her self for not being the kind of parent that she hoped to be for her sons.

N: I share that with my..the best as I can now..with my sons..all the things I missed out on..I apologize to them..I'm really sorry you know..but their cool..you know..no its okay mom you did the best you could..so trying to bring the teachings to my..so I find it the more I help my grandkids and my sons, the better I feel..I'm doing what I..you know..a big part of grandparents guilt and remorse and joy comes from what we share out..that's... we're doing our job...

Reconciling the past with family members

For all nine individual community members interviewed for this thesis finding reconciliation with their past involved making amends with their parents, grandparents

or foster parents with whom they had had troubling relationships. Making peace with parents and grandparents, forgiveness and putting troubling pasts behind them was a necessary precondition, a process of reconciliation in order to move towards a path of healing. Reconciling with foster parents for two interviewees involved continuing to maintain civil relationships, apologies and attempting to understand family dynamics and the foster parents rationale for their behavior. Paul speaks of how in order to move on in his healing process he had to reconcile with the fact that his grandparents had sent him and his siblings to residential school. What he has not been able to forgive is the priests and the abusive acts that him and his siblings had to endure:

P: But after..after sobering up and going to this healing circles..understanding..and getting some help and healing..and I understood why .. you know... our grandparents..I no longer blame them or no longer hated them or angry withem..and so I forgave them you know in my way..and yeah..I know..they always say when you forgive, it's easier to move on in life.. and so but the only part I could never forgive is the priests..the White man..how they treated our People..uh..uh it was horrible..Horrors like living hell, yeah..and we were children.

B: So do you think that like..Is there like uh..is that emphasized a lot the forgiving part like in the healing?

P: Well..uh.. I knew when I forgave my grandparents it was easier to have that love for them again..that I thought I lost..all those years, it was easier to have that love back again..which was good for me..felt good..and but..to this day I could never forgive the White man for how they raped our children, beat our children, calling us devil people, calling us all negative things 'cause we're native Indian..they wanted us to be..like them they wanted us to be White ..they could never do it..wasn't..wasn't in us to be like them..

Karl's mother committed suicide by jumping in front of a bus when he was fourteen after all her children had been apprehended from her and her husband's household. Karl explains he forgave her right away for leaving her children behind, he understood what she had gone through and the reasons for her departure. As for Karl's father, he was an angry and violent man. They had a troubled relationship that at times escalated to physical altercations. Karl's father resented him because his mother, Karl's grandmother had passed him up for his inheritance in favor of her grandson. He admitted trying to kill Karl twice, once he threatened to set his family house on fire and another time before that he cut the sway bars in his car. Karl's father was a residential school survivor too. After the last threat on his life Karl drove his father out of the reservation community and into the city on the East Side and left him there to survive on his own. It is there that that Karl later encountered his father at the Old Platoon Cafe. He had to apologize to his father and apologize to himself for all the hatred of their past in order for himself to heal while it is something that his brothers and sisters would or could not do. Karl also noted to me as other community members had how the Creator works in mysterious ways. His father was mugged in the Downtown East Side with injuries to his skull and later suffered from memory loss. He became a peaceful old man in his last years, a warm smiling grandpa Karl was able to introduce to his own children.

K: Well I cornered my dad went down here at the Old ...Platoon..cafe at Hastings and my brother was sitting there and I told him ..dad I says, I gotta , I gotta talk to you, I said I don't want you to say a word, I want you to sit there and listen..I said I'm gonna apol...after..you know I bought them breakfast and things I said I'm gonna do something well I'm gonna apologize to myself, for hating yer guts all these years, for you trying to kill me and stuff like that

B: Your dad was there

K: Yeah I said I'm gonna forgive myself for hating you all these years, and I'm gonna forgive you all that you've done to me, I scared him.. your still my dad, I still love you.. and I said I'm only doing this for myself and I don't want you to say nothing and I hugged him and I walked away. I've done that.

Empowerment and activism

Reconciliation has meant learning to find a way to be proud of Indigenous identities that intergenerationally, and for the most part, continues to be a stigmatized identity in contemporary wider society. Reconciliation has meant learning to embrace the once stigmatized and outlawed elements of Indigenous culture, language, ritual and spirituality and taking courage in performing culture and exhibiting culture in public domains. Reconciling with the past for community members has been a path towards recovery, healing oneself from stigmas and striving to understand the past and come to terms with the present. It can be understood as reconciliation taking place in both the personal and socio-political realm in terms of healing identities. It is a process of understanding, reconciling and transforming one self from someone who was perceived as “not White”, “heathen”, “savage” and “not good enough” to someone who never had to become White, possessed own spirituality, culture and identities that were valuable in their own right. It is a process of acknowledging on self as being “good enough” and a people “who can and will” continue to locate for themselves a distinct place and identity in society as a People that deserve respect, safety and acknowledgement as the First People in the continent. It is a painful path of understanding one self as a victim of state condoned violences and finding empathy towards one self while seeking healing and restitution. For many community members society level reconciliation has not been as appealing and reparations have not had the intended desirable effects as communities continue to struggle with the traumas of their past. Natalie speaks of what reconciliation at the state level has meant for her:

N: Oh yeah reconciliation. So for umm.. the apology..let me breathe..because no one can deny our experience..now maybe people will understand our people and be a little nicer..you know..but.. white people are..we don't..I don't understand..some were apologetic, some were hurt for us and talking to me like..you know..or too..too much..some where too much..and then others..it triggered them..you know..the guilt..should I be feeling guilty? You know..and some were angry at umm... the system..you know..so..the aftermath of the apology and..and..talks of reconciliation.. so for me myself..uh..my reconciliation is..now that people are aware..of what happened to our people..I want to..what I'm doing is I'm sharing when I do my talks, a little bit about my story, about what it feels like...but this is what I'm doing now..so reconciliation is moving out from the I can't, that's not for me, that's for white people, thats for rich people, I can do that..so one of my facebook posts I can and I will, and I had so many likes on that.

At a public societal level *reconciliation* processes have involved addressing and transforming public and official state discourses of the past that have in community

members words in the past been silent of “the true history” of Indigenous suffering under the states oppressive regime. Community members see reconciliation processes as the result of activism and efforts of Indigenous communities responded with persistently slow responses of the state to acknowledge and respond to Indigenous historical experiences in official state discourses. Community members point to how the state continues to be silent and evasive in addressing contemporary responsibilities, a form of continuing structural violence and institutional bias in the form of sluggish responses to high levels of missing and murdered Indigenous women, economic, health and social disparities, poor housing and infrastructure. Reconciliation processes are complicated and hindered by an ongoing experience of general ignorance and institutional and systemic racism in society. Community members voiced the need for continuing engagement and activism in order to change *the system* that continues to order, ignore, neglect and suppress Indigenous People’s voices and concerns. As several community members surmised, people often advise them to forget about the past and move on. Their response is that it is society that does not let them forget the past with the persistent neglect of Indigenous disparities and an ongoing institutionalized racism. An example of the continuing unwise and thoughtless recent practices and policies that community members brought up was the way truth and reconciliation processes involving the residential school system and reparations were carried out. While the government issued an apology aiming to repair Indigenous-government relationships and compensated victims with reparations, in community experiences it was seen as yet another veiled attack, another attempt disempower and weaken Indigenous communities. Many community members had loved ones still suffering from substance abuse and trauma. Having to recount experiences of psychological, physical and sexual abuse and then receiving large sums of money while suffering from alcohol and drug abuse had dire consequences for many. Community members noted there has been a wave of drug and alcohol related deaths in the community among those that received reparation money for their residential school experiences.

Installing the *Reconciliation Pole* on the campus of the University of British Columbia in April of 2017 represents the performative and symbolic elements of reconciliation efforts between Canadian society and Indigenous People. Commissioned jointly by Michael Audain a renown Canadian philanthropist and the University of British Columbia, the 55-foot red cedar pole was carved over the course of two years by

7idansuu (Edenshaw), James Hart, an intergenerational residential school survivor, Haida master carver and hereditary chief and his team. The totem pole is distinctive to the Pacific-West communities to commemorate and document important events and community histories. The Reconciliation pole documents Indigenous history before, during and after the residential school era, and commemorates the hundred and fifty thousand children that suffered abusive school conditions of which many perished as children. One of the most compelling features of the pole is the mid section with a carving depicting the residential school house where thousands of surviving family members hammered in copper nails to commemorate deceased family members that were victims of the residential school era. Adam describes how he accompanied his aunt to the pole to put in nails for deceased family members:

A:...that ah..my aunty was there..so glad she was there and its actually my number one picture where she's putting a nail..in there she got there and I said have you put a nail in..and shes like no..well do you want to..she says..she looks at the pole and she says yeah sure..so I grabbed her arm..walked over there. Yeah..it's like a prayer..he put in..he decided to put in the copper nails cause the calculation he came to it was about over thirty five thousand children have are unspoken for which have passed away..the news say oh a few thousand..that's like..no..we know the truth we know what happened we know whats going on..you guys are full of shit.. It was uh.. thousands of stories, each nail. It would have been nice if they would have kept, kept count of how many nails actually went in, tens of thousands I think.

7.3 Healing with culture

For all members encountered in the urban Indigenous community one if not the most significant element of reconciling and healing was through reclaiming and incorporating culture back into their lives, being able to access, learn and live ones culture without fear or judgment while moving to a path to reclaim a non-stigmatized Indigenous identity. These elements were most important to those former residential school students that suffered from the most forceful psychological abuse but also important to participants that had been placed in foster care and had also suffered from devaluing sentiments towards Indigenous identity, culture and spirituality. One way of reconciling with troubling pasts and reclaiming *culture* in one's life was through accessing and participating in traditional modes of healing. An important element of Indigenous cosmology and healing of one self is the medicine wheel. Montour (2000) describes the medicine wheel widely shared in North American Indigenous cultures consisting of four spokes that represent four directions, four elements, four colors, four alchemies and the four constitutions of human, as a set of symbols and a physical, mental and spiritual device that enables its users to come to harmony with self and environment. To find health one must find balance within and between the four aspects

of constitution of human, the intellectual, spiritual, emotional and physical realms. Imbalance causes disorder and unsettles a person's life, causing unwellness and ill health (Montour, 2000). Natalie speaks of the traditional notions of health as fourfold:

N: I think in general but also in our Indigenous world we're brought up to, once we learn to listen and accept this information is that that our health is fourfold, you know, working on our physical part of our bodies, taking care of., you know cleanliness was always important to our People umm.. and even like even back in the day, the morning started with the morning swim, uh..in the cold waters for spiritually and just to be clean and its not what you see in the movies you know, anyway, and then uh..so physical cleanliness and physical health, the physical health was natural because our People used to work hard, you know the teaching was always keep busy, work hard, 'cause we had to work hard to survive...umm and then in our mental part was important thing for our People was learning you know..learning..learning about your culture, learning skills, so when you got to a certain age and uh... spiritual practices really important for..for everything..for our emotional wellbeing and..feeling of negativity to us is negative medicine so we..we pray and here we use cedar but we've adapted to sage, and sweet grass so, a lot of people in the city, Vancouver we've adapted to using smudge, no matter what culture we come from, 'cause Salish People, cedar, juniper, you know what's grown here and other kind of seeds that we burn..umm. a longhouse, people from the prairies, where my dad comes from and down back east, back east..state provinces, sweet grass and sage, same as from the Okenagen, so were kinda surrounded by it, so it's natural that we use it now...

Community members discussed the medicine wheel and emphasized the Indigenous concept of health as fourfold and health as a balance between physical, mental, spiritual and emotional health. They noted that for many in the community troubling life conditions, struggles and traumatic events have obstructed growth and attainment of health and balance in the four aspects of health. For example, Indigenous community workers expressed that many community members suffer from poor health especially pertaining to their emotions. Achieving physical health takes place by taking care of the body with physical exercise, traditional foods and proper nourishment. One important element in growing intellectually for community members was the process of relearning Indigenous language and relearning and reincorporating Indigenous culture back in to their lives while also passing in culture and values to children. It was necessary for community members to become proud of culture and Indigenous identity in order for individuals, families and communities to heal and move on to healthy life courses. Interviewees spoke of accessing various healing methods, from Western medicine and counselling to traditional Indigenous healing as well as alternative medicine and home remedies. Healing with traditional medicine was important to many interviewees because it addresses elements of illness, health and healing through Indigenous cosmology and frameworks of health also presenting and opportunity to reclaim and reinvigorate culture in ones life. After Karl fell into depression, he has seen counsellors and psychiatrists, attended to Indigenous ceremonies like sweat lodges and sun dances, has visited a traditional medicine man in Canada and attended ceremonies with his children down in South Dakota as well as visited a registered nurse that performs therapeutic massage. He saw a psychiatrist for a while, but the doctor would not continue to see him because he refused to start medication. Since then he feels he's

gotten the most help from a traditional medicine man. Karl finds two activities helpful for healing, fixing cars or playing pool, because they help him concentrate.

K: So I always look for different ways in, when I'm down and out

B: Yeah like having a way out of the darkest moment.. Umm.. so do you go to therapy now, you said you fix the cars for therapy kind of

K: Yeah

B: You don't go to therapy

K: No..I..I quit, I think it's about an year and half ago because I didn't wanna become addicted to it...therapy, I didn't wanna use it as a crutch, I figured I'd try my wings out... I seem to be doing okay

B: What about medication

K: No, no medication..

B: Do you think like all the powwows and the sun dances and sweat lodges are like something that you use to help..like.. keep your self mentally healthy or help you with the depression..?

K: Yeah, I really strongly recommend that to anybody else 'cause I'm living proof right, you know I went to see.. I went to see a medicine man and he really helped me out.

Healing with culture has been the ability to incorporate and practice Indigenous spirituality that was once stigmatized in denominational residential schools. In this Coastal urban community the burning of sage and sweet grass was a common practice in gatherings that involved spirituality and prayer, adopted from the Plains cultures, it is used to clear away lingering negativity in the mind, the body and the spirit and to carry out prayers to the Creator. But for community members the ability to attain Indigenous spirituality is much more. It is a way of healing by way of taking back culture relearning culture and spirituality and the traditional teachings and incorporating them into ones life in order to heal a perception of the self. For Natalie relearning the teachings has meant finding strength from the teachings and her Indigenous identity to confront the world. It has meant patience and finding comfort in knowing that everything happens in the right time, in listening to the various cues from the way things play out in the world, listening to the world and one self to discern the teachings.

N: ..or I remember one time it was an old Asian lady..I was so upset because the bus driver didn't..you know help her with her cart..she was pulling once, she pulled it twice and she was a little old lady..and I immediately got upset you know.. 'cause I took it personally..being..going through everything that I've..you know..I took it personally and I jumped up you know and went over and helped her and she was soo..you know..she went three times...you know Oh my goodness!..And ah..I was thinking ..if I wasn't on that bus..I wouldn't have been able to help her..you know..so..too many things happened almost in a row..to try to send me that message 'cause we have a strong belief in.. you know..your your..ancestors are always trying to guide you..you have to learn to listen..so listen in our Salish culture is a big teaching..

While knowledge about culture is traditionally accessed intergenerationally through orally passed stories by elders revered in communities, for many community members *culture* was not necessarily only something specific to their own nations and ancestral communities. Instead *culture* seemed to designate a blend drawn from a wider pool of similar Indigenous cultural elements and influences from both other parts of Canada as well as the United States. For Paul reinvigorating culture and a cultural identity in his life has taken place by finding pride in his ancestral name and a place in the community

as an elder and reintroducing the teachings of the grandparents and ancestors in to his own life. Acting as an elder in the intertribal urban longhouse has meant a special role in sharing the teachings and culture with younger generations and the community at large and contributing in his share in the mending, upholding and transmission of culture. While at a local Aboriginal Friendship center that was a center for community activities a cultural divide existed to a certain extent in the form of culture nights that were designated to West Coast, Powwow and Métis traditions many members encountered and interviewed in the community attended freely both West Coast and Powwow cultural nights. Several community members had multiple tribal affiliations from their parents and grandparents. Most community members were from along the West Coast, one from the interior Plateau, and two interviewees had tribal memberships within the Subarctic region. Interviewees and encountered community members also had family members and ancestry that were of non-Indigenous backgrounds. In this urban environment with diverse cultural influences, the meaning of *culture* has become something that tolerates and incorporates many distinct elements to enable a practice of culture and to re-indigenize one's world. Those elements that have been lost in the turmoil of the past are replenished creatively with selected suitable elements. For community members and communities at large that are searching for healing and ways to come to terms with traumas and troubles from personal and intergenerational pasts, culture is a lifeline that offers a framework for health and healing. It offers a model for healthy identity, healthy ways of dwelling in the world that are satisfying alternatives to those presented by White settler culture and the stigmatized *Indian* identities it has offered.

7.4 Conclusions

These chapters has attempted to elaborate the meaningful and experiential categories of *Survivorism*, *survivance* and *resilience*, *reconciliation and healing with culture* elicited from the interrelated health, illness and healing meanings found in community narratives and discourses. Survivor or the framework of survivorism was frequent in community member's stories as they attempted to explain their personal and intergenerational illness experiences and how they have engaged on a path of healing often also characterized also as the "Red Road". The concept of *survivor* implied meanings of a continued presence, practices and identities that were personal and

collective in attempts to endure through one's life course as well as enduring and surviving as a people through various events and impacts implied by community members and designated in this thesis as *colonialisms, trauma and structural violence*. Surviving is also a practice that community members continue to apply in their contemporary everyday lives. I have described some of the hardships, events, circumstances and health challenges community members recounted they have had to endure and survive and how surviving also has a darker dimension in the community with some members not surviving. Surviving is a collective enterprise of the Indigenous community, surviving through hardships encountered in Indigenous - settler relationships. It has taken place with *resilience and survivance*, persisting and resisting against attacks on liberty, humanity and culture by activism, defending rights and taking measures to protect elements of identity and culture, despite the onslaught of policies and practices of colonial and contemporary society. Survivance has taken place by resisting and responding creatively to forces of oppression and dominant representations to continue to maintain and reproduce distinct Indigenous identities, cultures and presence in Canadian society. Through the concepts of forgiveness and reconciliation I have attempted to highlight another aspect of health, illness and healing meanings and experiences found in community narratives. Forgiveness and reconciliation aid in a path of healing by coming to terms with painful pasts through forgiving and finding understanding for one self personally, finding forgiveness and reconciliation with family members and by engaging in efforts of reconciling and locating healing at a community level in the social and political realms of contemporary Canadian society. All community members encountered in this study sought to reinstate culture back into their lives. Reincorporating culture in one's life was a way to overcome the stigmas of the past, to transcend back to and reconnect with the healthy culture and identities of one's ancestors. At a collective level and as a community, healing is achieved by reinvigorating culture and by what Thiong'o (1986) has referred to as decolonizing the mind. Surviving has been the fearsome effort to push through the cracks of the persisting pressures of cultural imperialism and as so many have fallen along the way and much suffering still takes place in Indigenous communities there is an urgency to seize upon culture in order for communities to heal. Healing is achieved by reinstating and reclaiming a proud Indigenous identity from the vacillating obscurity of what Thiong'o refers to as the "false robes of identity", of racist imageries and self-contempt. Healing means revaluing one self, one's culture, arts, dances, religion,

geographies and histories and revitalizing languages and cultures that were almost lost. If decolonizing at its simplest would imply the withdrawal of colonial influences, indigenizing would refer to the reintroduction of what is Indigenous. But as Coulthardt and Alfred (2014) suggest it is not returning to the past but the recreation of the cultural and political flourishing of the past and Indigenous alternatives to support the wellbeing of contemporary Indigenous citizens. Reindigenizing entails the recovery and regeneration of traditional values, political and intellectual traditions and valuing Indigenous philosophies and knowledge systems as well as re-articulating, performing and living the traditions through language learning, traditional arts and life ways (Coulthardt & Alfred, 2014; Kuokkanen, 2007). Reindigenization is expressed in community members perceptions as *taking back* and remaking their own those identities, traditions cultures and languages, systems of healing, taking back services, power for self-determination and taking back their rightful place as the First People of this continent.

S: I want you to walk away feeling empowered, I want you to walk away knowing that you are able, that everything you need is within you. This is what I learned in that temple, everything I needed has always been right here. Wondering around, looking out there outside its that look at the cross, look at the this look at the that, It was right here! It was in the drums it was in the songs it was in my teachings it was in everything my grandparents instilled in me, from before I was even born. I have a history on this land that goes back to the first sunrise. That makes me powerful. The feeling that I get knowing every day that I put my knee on this earth, the one, my People have been since time immemorial. I want you to feel that, go find where your ancestors were from, put your feet on their land go learn their language, touch those trees go find some semblance of a connection to your self, 'cause that makes you unstoppable.

8 Conclusions of thesis

This thesis has aimed at providing an immersion into urban Indigenous community member's experiences, meanings and realities of health, illness and healing. It is not a political treatise on my part but rather a window that urban Indigenous community members have provided me with into their life worlds, meanings and experiences of illness, health and healing. It is a window into their past, their present struggles and their aspirations for a future of healing in a particular time and location in the Canadian society. This research thesis aimed at answering research questions of how participants in this particular community assign meaning to health and illness and what different strategies of healing and healthcare systems are created, exist and are made use of? It also presented additional in-depth questions pertaining to experiences and meanings of what is illness, what is health and what is healing? As Kleinman has noted, illness experiences and meanings are polysemic and multivocal and are capable of radiating for a people different meanings in different contexts. As discussed in the theoretical

approaches of this thesis, community members revealed to me one facet of these meanings, experiences and realities in this particular encounter, time and environment that were firmly embedded in socio-political histories and contemporary contexts. The underlying theoretical approach of this thesis has rested on a combination of theory, the meaning centered approach as introduced by Good & Good and Scheper-Hughe's and Lock's theory of the three bodies to understand health, illness and healing meanings, experiences and realities as interfused of personal and shared social meanings. They are meanings that intermingle, are produced by and played upon the body with elements of the physiological and phenomenological, socio-symbolic, the historical and political spheres and contexts. This thesis has attempted to highlight both the intimate personal and shared meanings and experiences of health, illness and healing in this particular community. It has also attempted to pay attention to context in how powerful ideologies, social and political regimes as forces that act upon health, are viewed upon and are experienced by members in this community. This thesis suggests personal and collective identities, notions of who we are, where we come from and where we are headed are anchored in time with significant social memories. Among other spheres of life social memories participate in constituting our shared meanings, our realities and experiences of health, illness and healing. Social memories provide a perception of the past, inform a meaningful present and guide us in our aspirations for the future. Social memories are not only perceptual memories but also embodied memories of the historical, political and social forces that have left behind their marks on bodies and souls. For community members colonization and colonialisms continue to be significant social memories in explaining and providing answers to questions many of us confronted with a serious illness, tragic events or set backs both as individuals or as communities are presented with, that is the questions of why? Why me? For community members one way to explain illness and events that have caused illness is colonization and colonialisms as an intergenerational experience that has had profound negative impacts in terms of health on their ancestral communities. Colonization and colonialisms, its ideologies, laws, policies and practices on Indigenous Peoples in my analysis provide meaning to what it once meant to be healthy, how Indigenous communities became sick, and how they can once more become healthy again. The impacts, the experiences of illness, the socially shared sickness and suffering colonization and colonialisms have caused in communities are understood through the language and framework of trauma.

In this thesis the traumatic events are found in both the personal experiences of abuse and violence and shared memories and meanings of past traumatic events held by members in the community. These events have caused harmful impacts that I have determined as traumas that are the destroyed past life ways and social orders, injured cultures and stigmatized identities. Traumas can be found in the traumatic memories, emotions and embodied symptoms, traumatic patterns of behavior and cycles of suffering transmitted intergenerationally in Indigenous communities. For Indigenous community members contemporary experiences of structural violence are reproductions of colonial relationships in contemporary society and part of the continuity of colonialisms, where contemporary Canadian society is experienced as a persisting colonial space that with its aggressions and neglects of Indigenous voices and causes obstructs healing from a traumatic past. Shared histories of colonization and oppression under an enduring colonial power structure, *the system*, have contributed to new forms of collective identities such as that of being *Indian*, *Indigenous* and *survivor*. Survivorism emerges not only from personal tribulations or survivorism of one community but survivorism as Indigenous, as the First People of the continent formed under common experiences of colonization, colonialisms and settler society aggressions. Locating an identity of a survivor has yielded an understanding of the past and one self in the present as well as a possibility for healing and how healing can be attained. It is by reconciling with the past and attempting to move towards a state of health akin to that what health once was. It means decolonizing minds and bodies, political and social structures, reclaiming back and mending that what was lost, reclaiming back a valued distinct cultural identity, reclaiming distinct Indigenous cultures and culture in terms of wider society, reclaiming languages, lands, resources and services, rights to self-determination and renewed self-esteem. Healing for community members has meant attempts to heal trauma by moving away from harmful identities and patterns that sustain trauma and hinder healing and by reindigenizing their lives, picking up the pieces and moving on. Collectively healing takes place by locating and bringing back the community, enlivening the cultures and languages of the ancestors, using and blending creatively even continental elements of Indigenous culture to reclaim a distinct non-stigmatized Indigenous identity and culture. At a socio-political level for the community, it means attempts in establishing a new social order with a distinct Indigenous social and political presence, voice and special role as the Indigenous people in Canadian society.

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Työn nimi – Arbetets titel – Title Culture Saves Lives – Colonization trauma and indigenous healing on the East Side			
Oppiaine/Opintosuunta – Läroämne/Studieinriktning – Subject/Study track Sosiaali- ja kulttuuriantropologia			
Työn laji – Arbetets art – Level Pro Gradu –tutkielma	Aika – Datum – Month and year 10.11.2020	Sivumäärä – Sidoantal – Number of pages 160	

Tiivistelmä – Referat – Abstract

Aiemmassa tutkimuksessa on osoitettu, että kolonisaatiolla oli mullistavia vaikutuksia esikoloniaalisiin alkuperäiskansojen yhteisöihin Pohjois-Amerikassa. Tutkimusmatkailijat tarkastelivat alkuperäiskansojen asukkaita omista eurokeskeisistä uskonnollisista, sosiaalisista ja kulttuurisista lähtökohdistaan asettaen kyseenalaiseksi kohtaamiensa ihmisten moraalisen arvokkuuden ja jopa itse ihmisyyden. Kanadassa alkuperäiskansat joutuivat kolonialismin myötä osaksi uutta normatiivista sosiaalista järjestystä, joka sisälsi uusia poliittisia, sosiaalisia, kulttuurisia ja taloudellisia rakenteita. Kolonialismin myötä heille määrittyi myös uudenlainen stigmatisoitu identiteetti, joka toimi pohjana laeille, politiikalle ja institutionaalisille toimille, jotka tähtäsivät alkuperäiskansojen identiteetin ja kulttuurin ongelmallisiksi leimattujen piirteiden poistamiseen. Kanadassa alkuperäiskansat ovat mantereen kolonisaatiosta alkaen kärsineet uudisraivaajia ja tuoreempia maahanmuuttajia huonommasta terveydestä. Tutkimustieto viittaa sekä proksimaalisiin että distaalisiin, eli lähellä ja kaukana oleviin tekijöihin alkuperäiskansojen terveyteen liittyvän eriarvoisuuden taustalla. Tuorempien sosioekonomisten tekijöiden lisäksi tutkimustieto viittaa siihen, että distaalista tekijöistä kolonialismi, tuhoisat tautiepidemiat sekä alistava ja assimilaatioon eli sulauttamiseen tähtäävä politiikka ovat olleet traumaattisia tapahtumia, jotka edelleen vaikuttavat kielteisesti alkuperäiskansojen terveyteen Kanadassa. Tämä tutkimustyöhön perustuva opinnäytetyö kuuluu lääketieteellisen antropologian piiriin, jossa tarkastellaan terveyttä, sairautta ja parantumista kulttuurisina, henkilökohtaisina ja jaettuina kehollistuneina kokemuksina, merkityksinä ja todellisuuksina. Tutkielmassa käytetty teoria nojaa ajatukseen, että sairaus on kehollistuneen merkityksmaailman läpitunkema kokemus. Teoriassa esitetään, että sairauden kehollistunut merkityskokemus muodostuu useista psykobiologisista, sosiokulttuurisista, symbolisista, poliittisista ja historiallisista kokemuksen piireistä, jotka yhdessä muodostavat yksilölle kehollistuneen sairauden merkityskokonaisuuden ja maailman, joka on yhteisön jakama ja kulttuurinen. Tämän opinnäytetyön tutkimuskysymykset sijoittuvat Kanadan koloniaalisen historian ja alkuperäiskansojen tämänhetkisten terveyshaasteiden kontekstiin. Tutkimuksen tavoitteena oli löytää keskeisiä kulttuurisia merkitysteemoja, jotka liittyvät terveyteen, sairauteen ja parantumiseen tietyssä urbaanissa alkuperäiskansojen yhteisössä. Tutkimusaineisto kerättiin Kanadan Vancouverissa keväällä 2017 etnografisen kenttätönn menetelmin ja se sisälsi kenttätöypäiväkirjan, kymmenen yksilöhaastattelua, yhden ryhmähaastattelun, nauhoitettuja julkisia puheita, valokuvia ja videomateriaalia. Temaattisen analyysin menetelmin aineistosta nostettiin esiin kuusi merkityskategoriaa, jotka koskivat sairauden, terveyden ja parantumisen kertomuksia ja kokemuksia yhteisössä: kolonisaatio ja kolonialismit, kolonisaatiotraumat, rakenteellinen väkivalta, selviytyminen ja resilienssi, sovinnoteko sekä parantuminen kulttuurin avulla. Tässä opinnäytetyössä esitetään, että kolonisaatio ja moninaiset kolonialismit, mukaan lukien alistamisen ja assimilaation politiikka, nähdään yhteisön parissa perustavanlaatuisesti traumaattisina kokemuksina, ja niillä on ollut tähän päivään asti esiintyviä ylisukupolvisia kielteisiä vaikutuksia alkuperäiskansojen terveyteen. Kollektiiviset muistot kolonisaatiosta ja kolonialismeista vaikuttavat merkityksiin siitä, mitä oli kerran olla terve, miksi yhteisön jäsenet ovat tulleet sairaaksi sekä miten he voisivat jälleen tulla terveiksi. Nykypäivän kokemukset rasismista ja rakenteellisesta väkivallasta kanadalaisessa yhteiskunnassa ovat johtaneet siihen, että kanadalainen yhteiskunta koetaan edelleen jatkuvana koloniaalisena tilana. Parantuminen voidaan saavuttaa yhteisön kokemuksissa ja merkityksissä dekolonisoimalla mieli kolonialismin tuottamista stigmatisoituneista identiteeteistä ja tuomalla alkuperäinen kulttuuri takaisin jokapäiväisen elämän käytäntöihin.

Avainsanat – Nyckelord – Keywords

alkuperäiskansat, terveys, Kanada, ylisukupolvinen, kolonisaatio, trauma, rakenteellinen väkivalta, institutionaalinen rasismi, kehollisuus, selviytyminen, resilienssi, etnografia

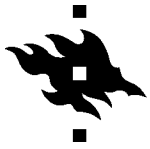
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Tiivistelmä – Referat – Abstract

Previous research has shown that colonization had profound impacts on precolonial Indigenous communities in North America. From the first contact, the explorers' perception was colored by Eurocentric ideas rooted in European social systems, religion, cultures, and values, which called into question the moral worth and very humanity of Indigenous peoples. In Canada, colonialism introduced Indigenous peoples with a new social order, including new political, social, cultural, and economic structures, as well as a new stigmatized Indigenous identity, which became foundational for subsequent laws, policies, and institutional practices that aimed to erase those very elements deemed problematic. In Canada, Indigenous people have since colonization persistently suffered from poorer health compared to settler and more recent immigrant populations. Research points to both proximal and distal determinants behind the disparities documented in Indigenous health, and suggests that along with contemporary socioeconomic conditions, the distal factors of colonialism, virgin soil epidemics, and policies of subjugation and assimilation have been traumatic and have contributed negatively to the contemporary Indigenous population's health. This research thesis is located in the field of medical anthropology and examines health, illness, and healing as culturally shaped, personal, embodied, and shared experiences, meanings, and illness realities. The theory used in this thesis rests on an embodied meaning-centered approach of illness, which suggests that elements from the psychobiological, sociocultural, symbolic, political, and historical experiential realms blend to form a network of meanings for a sufferer, an embodied experience of an illness world that is shared as part of a community. Situated in the context of colonial history and present health disparities, the research questions of this thesis center on discovering major themes of embodied experiences and meanings of health, illness, and healing in an urban Indigenous community. Altogether eight weeks of daily ethnographic fieldwork was conducted in an Indigenous urban community in Vancouver, Canada, in the spring of 2017. The data for this thesis consisted of fieldnotes, ten individual interviews and one group interview, taped public speeches, photographs, and videos. A thematic analysis identified six significant categories of embodied meanings and experiences of health, illness, and healing in community narratives: colonization and colonialisms, colonization traumas, structural violence, survivance and resilience, reconciliation, and healing with culture. This thesis establishes that colonization and various colonialisms with policies of subjugation and assimilation are seen by community members as profoundly traumatic events with negative impacts on health that persist intergenerationally to this day. Collective memories of colonization and colonialisms inform what it once meant to be healthy, how communities became sick, and how they can become healthy again. Due to contemporary experiences of structural violence and racism, Indigenous community members continue to experience Canada as an enduring colonial space. Healing for community members is achieved by decolonizing minds from the once stigmatized identities introduced by colonization and by reindigenizing their world through reintroducing the original cultures and cultural identities back into their daily practices and healing their perceptions of the self.

Avainsanat – Nyckelord – Keywords

Indigenous, health, illness, healing, Canada, intergenerational, trauma, colonization, embodiment, structural violence, institutional racism, survivance, resilience, reconciliation, ethnography

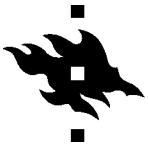
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